2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# P05000046788

Entity Name: GARY M. KRAMER, M.D., P.A.

Current Principal Place of Business:

4950 SOUTH LE JEUNE ROAD SUITE F
CORAL GABLES, FL 33146

New Principal Place of Business:

4950 SOUTH LE JEUNE ROAD
SUITE F
CORAL GABLES, FL 33146 US

Current Mailing Address:

4950 SOUTH LE JEUNE ROAD SUITE F
CORAL GABLES, FL 33146

New Mailing Address:

4950 SOUTH LE JEUNE ROAD
SUITE F
CORAL GABLES, FL 33146 US

FEI Number: 20-2600724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALHAMBRA REGISTERED AGENTS, INC.
2 ALHAMBRA PLAZA SUITE 1202
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

KRAMER, GARY M MD
4950 SOUTH LE JEUNE ROAD
SUITE F
CORAL GABLES, FL 33146 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GARY M. KRAMER, MD 04/28/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KRAMER, GARY M MD
Address: 2 ALHAMBRA PLAZA SUITE 1202
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KRAMER, GARY M MD
Address: 4950 SOUTH LE JEUNE ROAD, SUITE F
City-St-Zip: CORAL GABLES, FL, FL 33146 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY M. KRAMER, MD D 04/28/2007
Electronic Signature of Signing Officer or Director Date