

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000009210

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** RALPH A. ROPHIE, M.D., P.A.

**Current Principal Place of Business:**

1239 EWING AVENUE  
CLEARWATER, FL 33756

**New Principal Place of Business:**

1239 EWING AVENUE  
CLEARWATER, FL 337563407

**Current Mailing Address:**

1239 EWING AVENUE  
CLEARWATER, FL 33756

**New Mailing Address:**

450 PALM IS SE  
CLEARWATER, FL 337671938

**FEI Number:** 59-3297339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LA BELLE, RICHARD D ESQ.  
4100 SALEM SQUARE PARKWAY  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

ROPHIE, RALPH A MD  
450 PALM IS SE  
CLEARWATER, FL 337671938 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: RALPH ROPHIE

03/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: ROPHIE, RALPH A M.D.  
Address: 1239 EWING AVENUE  
City-St-Zip: CLEARWATER, FL 33756

I hereby 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 all other like empowered.

SIGNATURE: RALPH ROPHIE

PST

03/08/2012

Electronic Signature of Signing Officer or Director

Date