

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117093

FILED  
May 01, 2006  
Secretary of State

Entity Name: RAM EYE CARE CENTER, M.D., P.A.

**Current Principal Place of Business:**

1131 E NORTH BLVD  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1739  
TAVARES, FL 32778

**New Mailing Address:**

1131 E NORTH BLVD  
LEESBURG, FL 34748

FEI Number: 30-0029956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PULLUM, J. STEPHEN  
1330 W CITIZENS BLVD STE 701  
LEESBURG, FL 34748 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RAMCHANDER, ETHIRAJ M.D.  
Address: 1007 JULIETTE BLVD  
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: RAMCHANDER, ETHIRAJ M.D.  
Address: 1007 JULIETTE BLVD  
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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: ETHIRAJ RAMCHANDER M.D

PD

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date