

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000117093

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** RAM EYE CARE AND RETINA CENTER, P.A.

**Current Principal Place of Business:**

1131 E NORTH BLVD  
LEESBURG, FL 34748

**New Principal Place of Business:**

1131 E NORTH BLVD  
LEESBURG, FL 34748 US

**Current Mailing Address:**

1131 E NORTH BLVD  
LEESBURG, FL 34748

**New Mailing Address:**

1131 E NORTH BLVD  
LEESBURG, FL 34748 US

**FEI Number:** 30-0029956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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

**OFFICERS AND DIRECTORS:**

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

Title: MRS  
Name: RAMCHANDER, HEAMALATHA  
Address: 1007 JULIETTE BLVD  
City-St-Zip: MOUNT DORA, FL 32757 US

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: ETHIRAJ RAMCHANDER

DR

05/02/2011

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

\_\_\_\_\_  
Date