

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117093

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

Current Principal Place of Business:

1131 E NORTH BLVD
LEESBURG, FL 34748

Current Mailing Address:

1131 E NORTH BLVD
LEESBURG, FL 34748 US

FEI Number: 30-0029956

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

PRESIDENT

04/13/2016

Electronic Signature of Signing Officer/Director Detail

Date