

**2017 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**

**04/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date