


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 485023
 1. Entity Name
 RONALD R. FOREMAN, O.D., P.A.



Principal Place of Business 763 SW MAIN BLVD STE 101 LAKE CITY, FL 32025	Mailing Address 763 SW MAIN BLVD STE 101 LAKE CITY, FL 32025
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1631398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FOREMAN, RONALD R.
 763 SW MAIN BLVD. STE 101
 LAKE CITY, FL 32025

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000822224
 02/11/08-90059-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOREMAN, RONALD R. 763 SW MAIN BLVD STE 101 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROOME KIMBERLY 763 SW MAIN BLVD STE 101 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROOME FRANK A. III 763 SW MAIN BLVD STE 101 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

SECRETARY OF STATE
 2008 FEB 11 08:00 AM