
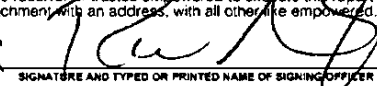


FILED
May 03, 2007 8:00 am
Secretary of State

04-16-2007 90089 019 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

| | | | |
|--|---|---|---|
| DOCUMENT # 488989 | |  | |
| 1. Entity Name RAMON MORAN, JR., O.D., P.A. | | | |
| Principal Place of Business 15332 NW 79TH COURT SUITE 101 MIAMI LAKES, FL 33016-5808 US | | Mailing Address 15332 NW 79TH COURT SUITE 101 MIAMI LAKES, FL 33016-5808 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MORAN JR, RAMON, OD 15332 NW 79 COURT SUITE 101 MIAMI LAKES, FL 33016 | | Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>P Director</i> MORAN, RAMON, JR 2127 BRADLETT AVE MIAMI, FL 33129 <i>33129</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15332 NW 79 Court SUITE 101 Miami Lakes, FL 33016-5808 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>DIRECTOR</i> CARLOS MAURI 15332 NW 79 Court Miami Lakes, FL 33016 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 reports 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 like empowered. | | | |
| SIGNATURE: <i>X</i>  | | Date: <i>4-12-07</i> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

66012970



01272007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1635223 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required