


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 488989</b> 1. Entity Name <b>RAMON MORAN, JR., O.D., P.A.</b>	
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Principal Place of Business <b>15332 NW 79TH COURT SUITE 101 MIAMI LAKES FL 33016-5808 US</b>	Mailing Address <b>15332 NW 79TH COURT SUITE 101 MIAMI LAKES FL 33016-5808 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc	3. Mailing Address  Suite, Apt. #, etc
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1st MOORE      CR2E034 (10/07)

City & State	4. FEI Number <b>59-1635223</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MORAN JR, RAMON, OD 15332 NW 79 COURT SUITE 101 MIAMI LAKES FL 33016</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_

(Signature typed or printed name of registered agent and date of filing case)      (NOTE: Registered agent certificate required when incorporating)      DATE

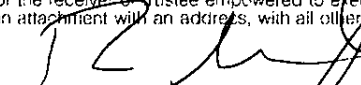
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete MORAN, RAMON, JR 2127 BRICKELL AVE MIAMI FL 33129
TITLE	D <input type="checkbox"/> Delete MAURI, CARLOS 15332 NW 79 COURT MIAMI LAKES FL 33016
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000800562 01/31/08-80022-010 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<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 Section 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 like empowered.

SIGNATURE:  **RAMON MORAN JR.** 1-24-08 305 8210304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day, month and year