
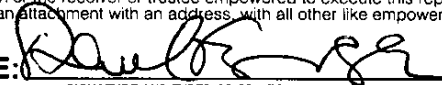


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90393 020 ***150.00

DOCUMENT # 504812 1. Entity Name RUFFOLO, HOOPER & ASSOCIATES, M.D., P.A.					
Principal Place of Business 5751 HOOVER BOULEVARD TAMPA, FL 33634-5340 US			Mailing Address 5751 HOOVER BOULEVARD TAMPA, FL 33634 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1723249	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P BROWARSKY, IRWIN L M. D. 5751 HOOVER BOULERA VD TAMPA, FL 33634	<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	T RUFFOLO, ROBERT F D.O. 5751 HOOVER BOULEVARD TAMPA, FL 33634	<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	VP GONZALVO, AMERICO A M.D. 5751 HOOVER BOULEVARD TAMPA, FL 33634	<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	S MC CALL, JANICE B M.D. 5751 HOOVER BOULEVARD TAMPA, FL 33634	<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	AS BOGGO, RAUL R M.D. 5751 HOOVER BOULEVARD TAMPA, FL 33634	<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	AS BRANTLEY, STEPHEN G M. D. 5751 HOOVER BOULEVARD TAMPA, FL 33634	<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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/25/08 813-886-8331 <small>Date Daytime Phone #</small>		

Raul R. Boggo, M.D.

ATTACHMENT

40086907

ATTACHMENT TO 2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT #504812

Additional Officers:

Assistant Secretary
Csere, Robert S., D.O.
5751 Hoover Blvd.
Tampa, Fl 33634

Assistant Secretary
Gunasekaran, Sivaselvi, M.D.
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Tampa, Fl 33634

Assistant Secretary
Kalik, Alejandra T., M.D.
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Stonesifer, Kurt J., M.D.
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Assistant Secretary
Xie, Dong-lin, M.D.
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