

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 586401

(2)

1. Corporation Name

PETER P. RAMKO, D.D.S., P.A.

Principal Place of Business

1590 N.W. 10TH AVE., #403  
BOCA RATON FL 33486

Mailing Address

1590 N.W. 10TH AVE., #403  
BOCA RATON FL 33486-1394

3. Date Incorporated or Qualified

09/30/1978

3a. Date of Last Report

02/06/1996

4. FEI Number

59-1843174

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 11450 SUNDANCE LANE

23 Boca Raton FL

24 33428

25 Palm Beach

2a. Mailing Address

26 Suite, Apt. #, etc.

27 11450 SUNDANCE LANE

28 Boca Raton

29 33428

30 Palm Beach

9. Name and Address of Current Registered Agent

RAMKO, PETER P.  
1590 N.W. 10TH AVE., #403  
SUITE 215  
BOCA RATON, FL LP 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11450 SUNDANCE LANE

83

84 City

Boca Raton

FL

85 Zip Code

33428

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RAMKO, PETER P.  
STREET ADDRESS 1590 N.W. 10TH AVE., #403  
CITY-ST-ZIP BOCA RATON FL

TITLE S ☐ DELETE

NAME RAMKO, MARGARET H.  
STREET ADDRESS 1590 N.W. 10TH AVE., #403  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

11450 SUNDANCE LANE  
BOCA RATON, FL 33428

11450 SUNDANCE LANE  
BOCA RATON, FL 33428

700002233047-9  
-07/08/97-01070-024  
\*\*\*\*165.00 \*\*\*\*165.00

7/17/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]

15 JAN 97 561 6123568

APPROVED  
AND  
FILED

1997 JUL -1 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (9/96)