2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2007 08:00 A Secretary of State **DOCUMENT # 595524** 1. Entity Name LUIS A. RUILOVA, M.D., P.A. Mailing Address Principal Place of Business 21 BARKLEY CIRCLE 21 BARKLEY CIRCLE FT MYERS, FL 33907 FT MYERS, FL 33907 CR2E034 (11/05) 04272007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1863906 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RUILOVA, LUIS A, MD 21 BARKLEY CIRCLE FT MYERS, FL 33907 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE NAME RUILOVA, LUIS A, MD 21 BARKLEY CIRCLE STREET ADDRESS U00000758127 05/23/07-80099-006 150.00 CITY-ST-ZIP FT MYERS, FL 00000. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attachm

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

> N15 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED