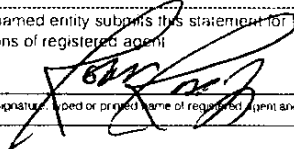
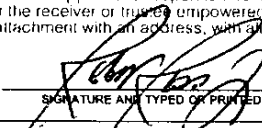


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90034 035 ***550.00

DOCUMENT # 604581 1. Entity Name ROSS, THRO, RUANE, M.D.'S, P.A.					
Principal Place of Business 842 SUNSET LAKE BLVD. SUITE 403 VENICE, FL 34292			Mailing Address 842 SUNSET LAKE BLVD. SUITE 403 VENICE, FL 34292		
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc			3. Mailing Address Suite, Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1476666	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROSS, ROBERT 530 S. NOKOMIS AVE, STE 8 VENICE, FL 34285				7. Name and Address of New Registered Agent Name Robert R. Ross, Jr. Street Address (P.O. Box Number is Not Acceptable) 842 Sunset Lake Blvd., Suite 403 City Venice FL Zip Code 34292	
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: 07/16/07 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution ☐ \$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	PD ROSS, ROBERT R JR 842 SUNSET LAKE BLVD., SUITE 403 VENICE, FL 34292	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THRO, JOSEPH G. 842 SUNSET LAKE BLVD., SUITE 403 VENICE, FL 34292	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUANE, THOMAS J 842 SUNSET LAKE BLVD., SUITE 403 VENICE, FL 34292	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHAMY, SCOTT J 842 SUNSET LAKE BLVD., SUITE 403 VENICE, FL 34292	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
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 another like empowered					
SIGNATURE:  Robert R. Ross, Jr., President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 07/16/07 Daytime Phone #: 941 485 3351					