

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 604581**

1. Entity Name  
ROSS, THRO, RUANE, M.D.'S, P.A.



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

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07182008

Chg-P

CR2E034 (12/06)

4. FEI Number  
59-1476666

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, ROBERT  
842 SUNSET LAKE BLVD. STE 403  
VENICE, FL 34292

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ROSS, ROBERT R JR  
STREET ADDRESS 842 SUNSET LAKE BLVD., SUITE 403  
CITY-ST-ZIP VENICE, FL 34292

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000956545  
CITY-ST-ZIP 07/28/08-80007-023 150.00

TITLE VD ☐ Delete  
NAME THRO, JOSEPH G.  
STREET ADDRESS 842 SUNSET LAKE BLVD., SUITE 403  
CITY-ST-ZIP VENICE, FL 34292

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME RUANE, THOMAS J  
STREET ADDRESS 842 SUNSET LAKE BLVD., SUITE 403  
CITY-ST-ZIP VENICE, FL 34292

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT R. ROSS, JR., M.D.

07/23/08 941-485-3351  
Date Daytime Phone #