2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F33682

1. Entity Name
ELAINE ROSS, M.D.,P.A.

Principal Place of Business	Mailing Address
5501 ALHAMBRA DR.	5501 ALHAMBRA DR.
ORLANDO, FL 32808	ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE

01292008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2186764	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSSIGNOLO, JOEL S
1200 HARTFORD BLDG, 200 E ROBINSION
ORLANDO, FL 32801

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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
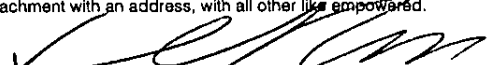

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000912744
02/12/08-80061-015 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	ROSS, ELAINE
STREET ADDRESS	261 SEMINOLE WOODS BOULEVARD
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	VSTD
NAME	WILLIAMS, TONYA R
STREET ADDRESS	1064 COUNTRY COVE CT
CITY-ST-ZIP	OVIEDO, FL 32766
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1-31-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #