## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60588

Entity Name: DR. RONALD SAMESS, P.A.

**FILED** Mar 08, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2855 OVERSEAS HWY MARATHON, FL 33050 **Current Mailing Address: New Mailing Address:** 2855 OVERSEAS HWY MARATHON, FL 33050 FEI Number: 59-2317841 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAMESS, RONALD DR 2855 OVÉRSEAS HWY MARATHON, FL 33050 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** 

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition SAMESS, RONALD, SAMESS, RONALD, Name: Name: 9750 NW 33 ST #216 2855 OVERSEAS HWY Address: Address: City-St-Zip: CORAL SPRINGS, FL City-St-Zip: MARATHON, FL 33050 US

Title: (X) Change ( ) Addition () Delete

Title: SAMESS, CLAUDETTE, Name: SAMESS, CLAUDETTE, Name: 9750 NW 33 ST #216 Address: 2855 OVERSEAS HWY Address: CORAL SPRINGS, FL MARATHON, FL 33050 US City-St-Zip: Citv-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD SAMESS MD PD 03/08/2005