

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

08-04-2004 90019 040 \*\*\*150.00

**DOCUMENT # G89234**

1. Entity Name

PETER B. RUY, M.D. P.A.



Principal Place of Business

720 W OAK ST  
STE 303  
KISSIMMEE FL 34741  
US

Mailing Address

720 W OAK ST  
STE 303  
KISSIMMEE FL 34741  
US

2. Principal Place of Business

833 W. OAK ST.

3. Mailing Address

3922 HUNTERS ISLE DR.

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

N.A.

City & State

KISSIMMEE FL.

City & State

ORLANDO FL

4. FEI Number

54-2400843

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUY, PETER B., M.D.  
4170 MUTTER RD  
SAINT CLOUD FL 34769

7. Name and Address of New Registered Agent

Name RUY PETER B., M.D.

Street Address (P.O. Box Number is Not Acceptable)  
3922 HUNTERS ISLE DR.

City ORLANDO

FL

Zip Code 32837

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

*Peter B Ruy*

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

(NOTE: Registered Agent signature required when reinstating)

7/26/04

DATE

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME RUY, PETER B. M.D.  
STREET ADDRESS 4552 LAKE CALBAY DRIVE  
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE RUY PETER B. M.D. ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 3922 HUNTERS ISLE DR.  
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE ☐ Change ☐ Addition  
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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 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 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:

*Peter B Ruy MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/04 (321) 863-7294

Date Daytime Phone #