

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # **437073**

1. Entity Name
MARY E. RAUM, M.D., P.A.



Principal Place of Business
C/O MARY E. RAUM, M.D., P.A.
2845 S.E. 3RD CT.
OCALA, FL 34471 US

Mailing Address
C/O MARY E. RAUM
2845 S.E. 3RD CT.
OCALA, FL 34471 US

FILED
Feb 10, 2005 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2478435 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAUM, MARY E.
2845 S.E. 3RD COURT
OCALA, FL 34471

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/05 *ERROR*

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME RAUM, MARY E.
STREET ADDRESS 2845 SE 3RD COURT
CITY-ST-ZIP OCALA, FL 34471

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02/10/05-80052-007 150.00

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IN THIS SPACE**

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:

Mary E. Raum, M.D. PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary E. Raum *2/8/05*

Date

Daytime Phone #

352.351-561