2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # H37073

MARY E. RAUM, M.D., P.A.



FILED Feb 20, 2008 08:00 Al Secretary of State

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

02122008

No Chg-P

CR2E034 (11/05)

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

SIGNATURE:

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	named entity submits this statement for the pions of registered agent. MARY E. RAUM	surpose of changing its registere	ed office or registered agent, o	or both, in the State of F	Florida. I am familiar with, and $\frac{2}{12}$	accept
BIGITATORIES	Signature, typed or printed name of registered agent and little in	applicable. (NOTE: Registered	Agent signature required when reinstating	ng)	DATE	_
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May B		-	
10.	OFFICERS AND DIREC	CTORS		I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAUM, MARY E. 2845 SE 3RD COURT OCALA, FL 34471		,		0833323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				02/28/08- ,	-80008-011 150.00)
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NAME STREET ADDRESS CITY-ST-ZIP			IN	I THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Burgara Stabilita					: '
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4 / 480m		200000	*
of the corp	ertify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ind accurate and that my signatu I to execute this report as require	mptions contained in Chapter ure shall have the same legal ed by Chapter 607, Florida St	r 119, Florida Statutes, effect as if made under atutes; and that my nar	I further certify that the information oath; that I am an officer or dime appears in Block 10 or Block	ation rector k 11 if