

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J52057

**FILED**  
**Jan 28, 2012**  
**Secretary of State**

**Entity Name:** GARY RONAY, M.D., P.A.

**Current Principal Place of Business:**

503 EICHENFELD DRIVE  
SUITE 104  
BRANDON, FL 33511 US

**New Principal Place of Business:**

**Current Mailing Address:**

803 COTTAGE HILL WAY  
BRANDON, FL 33511 US

**New Mailing Address:**

**FEI Number:** 59-2758114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RONAY, GARY  
803 COTTAGE HILL WAY  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

RONAY, GARY M.D.  
803 COTTAGE HILL WAY  
BRANDON, FL 33511 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: GARY RONAY

01/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: RONAY, GARY  
Address: 803 COTTAGE HILL WAY  
City-St-Zip: BRANDON, FL 33511

Title: MS.  
Name: RONAY, JOANNE L  
Address: 803 COTTAGE HILL WAY  
City-St-Zip: BRANDON, FL 33511

I hereby 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 all other like empowered.

SIGNATURE: GARY RONAY

M.D.

01/28/2012

Electronic Signature of Signing Officer or Director

Date