

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000094071

1. Entity Name

ROSS E. MCRONALD, M.D., P.A.



Principal Place of Business

5917 S CONGRESS AVE.
ATLANTIS, FL 33462

Mailing Address

5917 S CONGRESS AVE.
ATLANTIS, FL 33462



01222006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1139014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCRONALD, ROSS E M.D.
5917 S CONGRESS AVE.
ATLANTIS, FL 33462

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when filing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000428507
02/21/06-80051-006 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MCRONALD, ROSS E M.D.
STREET ADDRESS 5917 S CONGRESS AVE.
CITY-ST-ZIP ATLANTIS, FL 33462

TITLE VP
NAME MCRONALD, CAROLE L
STREET ADDRESS 5917 S CONGRESS AVE
CITY-ST-ZIP ATLANTIC, FL 33462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSS E. MCRONALD

2-8-06

Date

961-432-0001

Daytime Phone #