

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117093

FILED
Apr 30, 2004
Secretary of State

Entity Name: RAM EYE CARE CENTER, M.D., P.A.

Current Principal Place of Business:

1131 E NORTH BLVD
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

PO BOX 1739
TAVARES, FL 32778

New Mailing Address:

FEI Number: 30-0029956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PULLUM, J. STEPHEN
1330 W CITIZENS BLVD STE 701
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAMCHANDER, ETHIRAJ M.D.
Address: 1959 MAGNOLIA CIR
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RAMCHANDER, ETHIRAJ M.D.
Address: 1007 JULIETTE BLVD
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ETHIRAJ RAMCHANDER

DR.

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date