2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2011
Secretary of State

DOCUMENT# P01000117093

Entity Name: RAM EYE CARE AND RETINA CENTER, P.A.

Current Principal Place of Business:

1131 E NORTH BLVD
LEESBURG, FL 34748

New Principal Place of Business:

1131 E NORTH BLVD
LEESBURG, FL 34748 US

Current Mailing Address:

1131 E NORTH BLVD
LEESBURG, FL 34748

New Mailing Address:

1131 E NORTH BLVD
LEESBURG, FL 34748 US

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

OFFICERS AND DIRECTORS:

Title: DR
Name: RAMCHANDER, ETHIRAJ M.D.
Address: 1007 JULIETTE BLVD
City-St-Zip: MOUNT DORA, FL 32757 US

Title: MRS
Name: RAMCHANDER, HEAMALATHA
Address: 1007 JULIETTE BLVD
City-St-Zip: MOUNT DORA, FL 32757 US

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: ETHIRAJ RAMCHANDER DR 05/02/2011

Electronic Signature of Signing Officer or Director Date