

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90026 004 ***150.00

DOCUMENT # P01000117984

1. Entity Name
RICHARD C. RAMPI, DMD, PA



Principal Place of Business
**5940 TURKEY LK RD
ORLANDO, FL 32819**

Mailing Address
**5940 TURKEY LK RD
ORLANDO, FL 32819**

DO NOT WRITE IN THIS SPACE



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3850537

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORRIS, J MICHAEL
6508 E FLOWER AVE
TAMPA, FL 33617**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	RAMPI, RICHARD C
STREET ADDRESS	8511 SAND LAKE SHORE DR
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	D
NAME	RAMPI, RICHARD C
STREET ADDRESS	5940 TURKEY LAKE RD
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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 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

03/15/05
Date

(407)352-6959
Daytime Phone #