

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006327

FILED
Feb 04, 2007
Secretary of State

Entity Name: RAMA MEDICAL NETWORK, INC.

Current Principal Place of Business:

9200 SW 212 TERRACE
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

9200 SW 212 TERRACE
MIAMI, FL 33189

New Mailing Address:

FEI Number: 58-2681195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PYLES, RICHARD B
20343 OLD CUTLER RD.
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

BONGIOVANNI, NANCY V
20547 OLD CUTLER ROAD
SUITE 150
MIAMI, FL 33189 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: NANCY BONGIOVANNI

02/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S.IO () Delete
Name: OFRIL, TIMOTHY R
Address: 9200 SW 212 TERRACE
City-St-Zip: MIAMI, FL 33189

Title: PCEO () Delete
Name: BONGIOVANNI, NANCY V
Address: 9200 SW 212 TERRACE
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NANCY BONGIOVANNI

CEOP

02/04/2007

Electronic Signature of Signing Officer or Director

Date