

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000142751

Entity Name: RALPH DIPRIMA, M.D., P.A.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

2825 N STATE RD 7 SUITE 203
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

2825 N STATE RD 7 SUITE 203
MARGATE, FL 33063

New Mailing Address:

FEI Number: 20-5909580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZOMERFELD, RAYMOND J
999 PONCE DE LEON BLVD #1045
CORAL GABLES, FL 33134 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: BPS () Delete
Name: DIPRIMA, RALPH
Address: 2825 N STATE RD 7 SUITE 203
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BPS (X) Change () Addition
Name: DIPRIMA, RALPH M.D.
Address: 2825 N STATE RD 7 SUITE 203
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify 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: RALPH DIPRIMA

BPS

04/30/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date