

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000142751

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

FILED  
Mar 24, 2011  
Secretary of State

**Current Principal Place of Business:**

10038 N. SPRINGS WAY  
CORAL SPRINGS, FL 33076 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 934836  
MARGATE, FL 33093 US

**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

**OFFICERS AND DIRECTORS:**

Title: BPS  
Name: DIPRIMA, RALPH M.D.  
Address: 10038 N. SPRINGS WAY  
City-St-Zip: CORAL SPRINGS, FL 33076 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: RALPH DIPRIMA

DR

03/24/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date