2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008
Secretary of State

DOCUMENT# P07000077842

Entity Name: LEBRANT RHEUMATOLOGY, P.A.

Current Principal Place of Business:

777 DELTONA BLVD STE 1
DELTONA, FL 32725

New Principal Place of Business:

601 DELTONA BLVD STE 102
DELTONA, FL 32725

Current Mailing Address:

777 DELTONA BLVD STE 1
DELTONA, FL 32725

New Mailing Address:

601 DELTONA BLVD STE 102
DELTONA, FL 32725

FEI Number: 26-0482342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMOS, CHRISTINE
777 DELTONA BLVD STE 1
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

RAMOS, CHRISTINE
601 DELTONA BLVD STE 102
DELTONA, FL 32725 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: CHRISTINE RAMOS 02/15/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RAMOS, LUIS G
Address: 777 DELTONA BLVD STE 1
City-St-Zip: DELTONA, FL 32725

Title: VP ( ) Delete
Name: RAMOS, CHRISTINE
Address: 777 DELTONA BLVD STE 1
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RAMOS, LUIS G
Address: 601 DELTONA BLVD STE 102
City-St-Zip: DELTONA, FL 32725

Title: VP (X) Change ( ) Addition
Name: RAMOS, CHRISTINE
Address: 601 DELTONA BLVD STE 102
City-St-Zip: DELTONA, FL 32725

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: LUIS RAMOS P 02/15/2008
Electronic Signature of Signing Officer or Director Date