
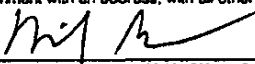


FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90023 017 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000045988		
1. Entity Name MICHAEL S. RAMER, D.D.S., P.A.		
Principal Place of Business 7672 NOBB HILL ROAD TAMARAC, FL 33321 US		Mailing Address 7672 NOBB HILL ROAD TAMARAC, FL 33321 US
DO NOT WRITE IN THIS SPACE		
		03132007 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0491527
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
RAMER, MICHAEL S DR 7672 NOBB HILL ROAD TAMARAC, FL 33321		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAMER, MICHAEL S DR 9200 NW 44TH ST SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 exemptions contained 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 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: 		3/19/07 954-718-8848
SIGNATURE AND TYPED OR PRINTED NAME MICHAEL S. RAMER		Date Daytime Phone #