

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00-AM**  
**Secretary of State**

**DOCUMENT # P94000050600**

1. Entity Name  
**RON D. SCHIFF, M.D., P.A.**



Principal Place of Business  
**13601 BRUCE B DOWNS BLVD  
SUITE 310  
TAMPA, FL 33613**

Mailing Address  
**13601 BRUCE B DOWNS BLVD  
SUITE 310  
TAMPA, FL 33613**



02012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3252662</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SCHIFF, RON D  
13601 BRUCE B. DOWNS BLVD.  
SUITE 310  
TAMPA, FL 33613**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000638392  
02/27/07-80028-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>SCHIFF, RON D. MD D MD</b>
STREET ADDRESS	<b>6625 STONINGTON DR.</b>
CITY - ST - ZIP	<b>TAMPA, FL 33647</b>

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:** \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**RON D SCHIFF MD** **2/1/07** **813-632-7547**