

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000053081

FILED  
Feb 22, 2012  
Secretary of State

Entity Name: MAX F. RATTES, M.D., P.A.

**Current Principal Place of Business:**

310 W. ALEXANDER ST.  
PLANT CITY, FL 33563 US

**New Principal Place of Business:**

**Current Mailing Address:**

9214 PINE ISLAND CT  
TAMPA, FL 33647 US

**New Mailing Address:**

FEI Number: 59-3323036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RATTES, MAX F MD  
310 W. ALEXANDER ST  
PLANT CITY, FL 33563 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: DR.  
Name: RATTES, MAX F M.D.  
Address: 310 W. ALEXANDER ST.  
City-St-Zip: PLANT CITY, FL 33563

Title: MGR  
Name: RATTES, DORA B RATTES  
Address: 9214 PINE ISLAND CT  
City-St-Zip: TAMPA, FL 33647

Title: MGR  
Name: RATTES, DORA  
Address: 9214 PINE ISLAND CT  
City-St-Zip: TAMPA, FL 33647

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Name: RATTES, DORA  
Address: 9214 PINE ISLAND CT  
City-St-Zip: TAMPA, FL 33647

Title: MGR  
Name: RATTES, DORA  
Address: 9214 PINE ISLAND CT  
City-St-Zip: TAMPA, FL 33647

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: DORA B RATTES

MGR

02/22/2012

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

\_\_\_\_\_ Date