


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000051180**

1. Entity Name  
 RAMON SANTA MARIA, MD PA



Principal Place of Business      Mailing Address

4051 UPPER CREEK DR      4051 UPPER CREEK DR  
 STE 110      STE 110  
 SUN CITY, FL 33573 US      SUN CITY, FL 33573 US

**DO NOT WRITE IN THIS SPACE**



01172006 No Chg-F CR2E034 (11/05)

4. FEI Number <b>65-0728969</b>	Applied For 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

SAMTA MARIA, RAMON  
 4051 UPPER CREEK DR  
 STE 110  
 SUN CITY, FL 33573

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000474126 04/04/06-50011-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTA MARIA, RAMON 4051 UPPER CREEK DR STE 110 SUN CITY, FL 33573
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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 employees.

SIGNATURE: RAMON SANTA MARIA, M.D., P.A.      1/19/06      813-633-2504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #