2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 08:00 A Secretary of State

1. Entity Nam	MENT # P9700005467 RAMER, D.O., P.A.	'8 		.,	Secretary or S	
6114 WILD ORCHID DRIVE		Mailing Address 6114 WILD ORCHID DRIVE LITHIA, FL 33547				
DO:NOT WRITE IN THIS SPACE				03222008 No Chg-P CR2E034 (11/05) 4. FEI Number		
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired \$8.75 Additional Fee Required		
GASSMAN, ALAN S 1245 CT. ST., STE. 102 CLEARWATER, FL 34616 8. The above named entity submits this statement for the purpose of changing its registers the obligations of registered agent.			red office or register	IN 1	NOT WRITE THIS SPACE h, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when re-					DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				00 May Be ed to Fees	U00000884791 04/17/08-80057-020 150.00	
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	D KRAMER, DANIEL 6114 WILD ORCHID DRIVE LITHIA, FL 33547	CTORS	- -			
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS			-		NOT WRITE THIS SPACE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated	On this report or supplemental renort is true :	and accurate and that my slope	itura chall have the c	oma lagat offact	Florida Statutes. I further certify that the information tas if made under cath; that I am an officer or directors; and that my name appears in Block 10 or Block 11 if	