

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058408

Entity Name: SUSAN ROSS M.D., P.A.

FILED  
Jan 09, 2008  
Secretary of State

**Current Principal Place of Business:**

508 GOLF PARK DR  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

508 GOLF PARK DR  
CELEBRATION, FL 34747

**New Mailing Address:**

FEI Number: 59-3455604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: ROSS, SUSAN MD  
Address: 508 GOLF PARK DR  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN ROSS

PRES

01/09/2008

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

\_\_\_\_\_ Date