

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000079128

1. Entity Name
EILEEN M. RAMSARAN, M.D., P.A.

Principal Place of Business
 1233 NE 89TH STREET
 MIAMI FL 33138

Mailing Address
 1233 NE 89TH STREET
 MIAMI FL 33138

2. Principal Place of Business
 16552 SW 39TH STREET

3. Mailing Address
 16552 SW 39TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 MIRAMAR FL

City & State
 MIRAMAR FL

4. FEI Number
59-3467903
 Applied For
 Not Applicable

Zip Country
 33027

Zip Country
 33027

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMSARAN EILEEN M
 1233 NE 89TH STREET
 MIAMI FL 33138

Name
 RAMSARAN EILEEN MDR.
 Street Address (P.O. Box Number is Not Acceptable)
 16552 SW 39TH STREET
 City
 MIRAMAR FL Zip Code
 33027

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.

SIGNATURE **EILEEN M. RAMSARAN M.D.,P.A.**

05/01/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
 NAME RAMSARAN EILEEN M Delete
 STREET ADDRESS 1233 NE 89TH STREET
 CITY-ST-ZIP MIAMI FL 33138

TITLE VP Change Addition
 NAME RAMSARAN EILEEN M
 STREET ADDRESS 16552 SW 39TH STREET
 CITY-ST-ZIP MIRAMAR FL 33027

TITLE PSTD Delete
 NAME RAMSARAN EILEEN M
 STREET ADDRESS 1233 NE 89TH STREET
 CITY-ST-ZIP MIAMI FL 33138

TITLE PSTD Change Addition
 NAME RAMSARAN EILEEN M
 STREET ADDRESS 16552 SW 39TH STREET
 CITY-ST-ZIP MIRAMAR FL 33027

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Eileen M. Ramsaran, M.D.,P.A.**

PSTD 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)