2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000079128

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

FILED Jul 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16552 SW 39TH STREET 1950 SOUTH OCEAN DRIVE MIRAMAR, FL 33027

М-Н

HALLANDALE BEACH, FL 33009

Current Mailing Address: New Mailing Address:

PO BOX 680158 MIAMI, FL 33168

FEI Number: 59-3467903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

RAMSARAN, EILEEN M DR. RAMSARAN, EILEEN M DR. 16552 SW 39TH STREET 1950 SOUTH OCEAN DRIVE MIRAMAR, FL 33027 M-H

HALLANDALE BEACH, FL 33009

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: 07/05/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete RAMSARAN, EILEEN M Name: 16552 SW 39TH STREET Address:

MIRAMAR, FL 33027

City-St-Zip:

() Delete Title: VΡ Name: RAMSARAN, EILEEN M 16552 SW 39TH STREET Address: MIRAMAR, FL 33027 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition RAMSARAN, EILEEN M Name: 1950 SOUTH OCEAN DRIVE Address: City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VΡ (X) Change () Addition

Name: RAMSARAN, EILEEN M Address: 1950 SOUTH OCEAN DRIVE HALLANDALE BEACH, FL 33009 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EILEEN M RAMSARAN **PSTD** 07/05/2004