

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000079128

FILED
Jul 05, 2004
Secretary of State

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

Current Principal Place of Business:

16552 SW 39TH STREET
MIRAMAR, FL 33027

New Principal Place of Business:

1950 SOUTH OCEAN DRIVE
M-H
HALLANDALE BEACH, FL 33009

Current Mailing Address:

PO BOX 680158
MIAMI, FL 33168

New Mailing Address:

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

Name and Address of Current Registered Agent:

RAMSARAN, EILEEN M DR.
16552 SW 39TH STREET
MIRAMAR, FL 33027

Name and Address of New Registered Agent:

RAMSARAN, EILEEN M DR.
1950 SOUTH OCEAN DRIVE
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: _____

Electronic Signature of Registered Agent

07/05/2004

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
Name: RAMSARAN, EILEEN M
Address: 16552 SW 39TH STREET
City-St-Zip: MIRAMAR, FL 33027

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Electronic Signature of Signing Officer or Director

PSTD

07/05/2004

Date