

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90031 020 ***150.00

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02102004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000011810 1. Entity Name ERNESTO J. RUAS, MD, PA					
Principal Place of Business 2727 W. MARTIN LUTHER KING BLVD., #510 TAMPA, FL 33607			Mailing Address 2727 W. MARTIN LUTHER KING BLVD., #510 TAMPA, FL 33607		
2. Principal Place of Business 603 South Boulevard Suite, Apt. #, etc.		3. Mailing Address 603 South Boulevard Suite, Apt. #, etc.		4. FEI Number 59-3489013 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State Tampa, FL		City & State Tampa, FL			
Zip 33606		Zip 33606			
Country USA		Country USA		6. Name and Address of Current Registered Agent RUAS, ERNESTO J 2727 W. MARTIN LUTHER KING BLVD., #510 TAMPA, FL 33607	
7. Name and Address of New Registered Agent Name Ernesto J. Ruas Street Address (P.O. Box Number is Not Acceptable) 603 South Boulevard City Tampa		State FL			
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>E Ruas MD</i></u> DATE <u>2/16/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME RUAS, ERNESTO MD STREET ADDRESS 2727 W. MLK BLVD SUITE 510 CITY - ST - ZIP TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE P NAME Ruas, Ernesto M.D. STREET ADDRESS 603 South Boulevard CITY - ST - ZIP Tampa, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u><i>E Ruas MD</i></u> DATE <u>2/16/04</u> (813) 259-1550 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					