

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90154 015 ***150.00

DOCUMENT # P98000013673	
1. Entity Name FRANK M. RAMHARRACK, M.D., P.A.	

Principal Place of Business 2760 SE 17TH ST STE 300 OCALA, FL 34471	Mailing Address 2760 SE 17TH ST STE 300 OCALA, FL 34471
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2. Principal Place of Business PALMS MEDICAL PARK Suite, Apt. #, etc. 311 SE 29TH ST	3. Mailing Address PALMS MEDICAL PARK Suite, Apt. #, etc. 311 SE 29TH ST
City & State OCALA FL	City & State OCALA FL
Zip 34471	Country MARION

14007200



04212005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3492235	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIMONS, GARY C 121 NW 3RD ST OCALA, FL 34475-6695	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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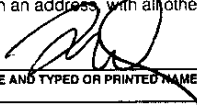
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMHARRACK, FRANK M M.D. 990 SE 131 ST OCALA, FL 34480 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 	Date 4/25/05	Daytime Phone # 352-369-1411
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