


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90020 024 ***150.00

DOCUMENT # P99000020101	
1. Entity Name RAMON A. GIL, M.D., P.A.	

Principal Place of Business 2525 HARBOR BLVD. 312 PORT CHARLOTTE, FL 33952	Mailing Address 2525 HARBOR BLVD. 312 PORT CHARLOTTE, FL 33952
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50003727



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02142006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0903578	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GIL, RAMON A 2525 HARBOR BLVD., STE. 312 PORT CHARLOTTE, FL 33952		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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 GIL, RAMON A 2525 HARBOR BLVD., STE 312 PORT CHARLOTTE, FL 33952 <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
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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 exemptions contained in Chapter 119, 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: _____ **3/15/06** **941-743-4987**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT



LoRICCO, CROSLAND, JOINER, SCHORTZ & COMPANY, P.A.

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

EXCELLENCE SINCE 1973

CARLO J. LORICCO, C.P.A.
BRIAN W. CROSLAND, C.P.A.
J. SCOTT JOINER, C.P.A., C.V.A.
JOSEPH R. SCHORTZ, C.P.A. (FL & NJ)

KIMBERLY R. TARTAGLIONE
ALLYSON M. NEWKIRK
ERIC T. BLEDSOE
KRISTIE E. WELLS
GREG M. HILL, C.P.A. (FL & NC)
DARA B. SORAH, C.P.A.

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
AMERICAN SOCIETY OF
PENSION PROFESSIONALS
& ACTUARIES
NATIONAL ASSOCIATION OF
CERTIFIED VALUATION ANALYSTS

50003722
#P9900026101

February 14, 2006

RE: CORPORATION ANNUAL REPORT INSTRUCTIONS

Dear Client:

Please follow the instructions on the attached postcard you received. You have three options on how to file your Corporation Annual Report. After deciding which option you prefer, follow the steps below as applicable:

- Choose to file online, use the enclosed downloaded form or send postcard back to receive a form by mail. Whichever option is chosen, file **on or before May 1, 2006.**
- Verify that the preprinted information is correct. Make any necessary changes. If you have changes, make them as follows:
 - Principal place of business and mailing address – Line 2 & 3
 - Name and address of registered agent – Line 7
 - Officers and directors – Line 11
- Line 12: Sign and type or print name of signing officer or director, date and provide a daytime telephone number.
- Make a check payable to the Department of State in the amount of \$150.00.
- If filed after May 1st, the fee will be \$550.00.
- Keep a copy for your records.

Sincerely,

Donna L. Hagan
For the Firm
Attachment