

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000076476

1. Entity Name
RMS BEE RIDGE, INC.



Principal Place of Business

**3333 CLARK RD.
SUITE 200
SARASOTA, FL 34231**

Mailing Address

**3333 CLARK RD.
SUITE 200
SARASOTA, FL 34231**



02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0945292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHEA, JOHN J JR.
2940 S. TAMiami TRAIL
SUITE 300
SARASOTA, FL 34239**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAMUSSEN, WAYNE
STREET ADDRESS	3333 CLARK ROAD, SUITE 200
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	SHEA, ROGER M.D.
STREET ADDRESS	5432 BEE RIDGE RD. STE 140
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	D
NAME	MARLOWE, ANDREW M.D.
STREET ADDRESS	5432 BEE RIDGE ROAD, SUITRE 150
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/06-80087-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE RAMUSSEN 4/19/06 911-352-5200

Date

Daytime Phone #