

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000109510

Entity Name

RA & RAJA, M.D.'S, P.A.



Principal Place of Business

**900 EAST PINE STREET
UNIT 215
ENGLEWOOD, FL 34223**

Mailing Address

**900 EAST PINE STREET
UNIT 215
ENGLEWOOD, FL 34223**



01182006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0969019** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AMBRECHT, WILLIAM G
900 SOUTH ORANGE AVENUE
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

I, 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.

NATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

8. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000397621
01/30/06-80058-003 150.00**

OFFICERS AND DIRECTORS

<small>NAME</small>	P RAJA, JAY
<small>ADDRESS</small>	7280 MANASOTA KEY ROAD
<small>CITY/ST/ZIP</small>	ENGLEWOOD, FL 34223
<small>NAME</small>	
<small>ADDRESS</small>	
<small>CITY/ST/ZIP</small>	
<small>NAME</small>	
<small>ADDRESS</small>	
<small>CITY/ST/ZIP</small>	
<small>NAME</small>	
<small>ADDRESS</small>	
<small>CITY/ST/ZIP</small>	
<small>NAME</small>	
<small>ADDRESS</small>	
<small>CITY/ST/ZIP</small>	

**DO NOT WRITE
IN THIS SPACE**

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

1/18/06

941-475-5672

Date

Daytime Phone #