


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2008 8:00 am
Secretary of State

04-17-2008 90013 007 ***150.00

DOCUMENT # V72123 1. Entity Name LAUFER & ROSS, M.D.'S, P.A.	
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Principal Place of Business 35080 US 19 NORTH PALM HARBOR, FL 34684 US	Mailing Address 35080 US 19 NORTH PALM HARBOR, FL 34684 US
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66010787



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3177243	Applied For <input type="checkbox"/> Not Applicable
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6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LAUFER, EREL M.D. 35080 US 19 NORTH PALM HARBOR, FL 34684

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUFER, EREL M 35080 US 19 NORTH PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JAY, M.D. 35080 US 19 NORTH PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCK, JENNIFER, M.D. 35080 US 19 NORTH PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

Jay H. Ross, MD *Jay H. Ross, MD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-08

Date

727-789-5711

Daytime Phone #