FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **493339** **(6)**

1. Corporation Name

ANTONIO I. RAMIREZ, M. D., P. A.

Principal Place of Business	Mailing Address
1200 MARLLO ROAD KISSIMMEE FL 34744 US	1738 ST. TROPEZ CT KISSIMMEE FL 34744 US

3. Date Incorporated or Qualified: **12/31/1975**

3a. Date of Last Report: **03/02/1995**

4. FEI Number: **59-1647749** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 1800 Marllo Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Kissimmee, Fl
Zip 24 / Country 25	Zip 29 34744 / Country 30 Osceola

9. Name and Address of Current Registered Agent

RAMIREZ, ANTONIO
800 NORTH CENTRAL AVENUE
KISSIMMEE FL 32741

Antonio J. Ramirez

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 1800 Marllo Rd

83

84 City Kissimmee FL 85 Zip Code 34744

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, type or printed name of registered agent and title, if applicable) (Both Required if Appointing a New Registered Agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	RAMIREZ, ANTONIO		12 NAME	
STREET ADDRESS	800 N. CENTRAL AVE.		13 STREET ADDRESS	1800 Marllo Rd
CITY-ST-ZIP	KISSIMMEE FL		14 CITY-ST-ZIP	Kissimmee, Fl 34744
TITLE	D	☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	AGUSTINES, MANUEL		22 NAME	
STREET ADDRESS	800 N. CENTRAL AVE.		23 STREET ADDRESS	505 W Oak St.
CITY-ST-ZIP	KISSIMMEE FL		24 CITY-ST-ZIP	Kissimmee, Fl 34741
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Antonio J. Ramirez 3/30/96 (407)348-0160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)