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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 592512 (8)

1. Corporation Name  
RAUL RAMIREZ, M.D., P.A.

Principal Place of Business

780 N.E. 69TH ST., APT. 2404  
MIAMI FL 33138

Mailing Address

780 N.E. 69TH ST., APT. 2404  
MIAMI FL 33138



3. Date Incorporated or Qualified 11/01/1978  
3a. Date of Last Report 02/07/1996

2. Principal Place of Business

21 2025 ARCH CREEK DR  
Suite, Apt. #, etc.

2a. Mailing Address

26 2025 ARCH CREEK DR  
Suite, Apt. #, etc.

4. FEI Number 59-1858441  
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

22 City & State

23 N MIAMI

24 FL

25 Dade

27 City & State

28 N. MIAMI

29 33131

30 Dade

9. Name and Address of Current Registered Agent

RAMIREZ, RAUL  
780 N.E. 69TH ST., APT. 2404  
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name

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

2025 ARCH CREEK DR

83

84 City

N. MIAMI

FL

85 Zip Code

33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RAMIREZ, PAUL  
STREET ADDRESS 780 N.E. 69TH ST., APT. 2404  
CITY - ST - ZIP MIAMI FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 2025 ARCH CREEK DR  
1.4 CITY - ST - ZIP N. MIAMI FL 33131

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)