

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90083 025 ***150.00

DOCUMENT # 592512

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

Principal Place of Business

**2025 ARCH CREEK DR
 MIAMI FL 33181
 US**

Mailing Address

**2025 ARCH CREEK DR
 MIAMI FL 33181
 US**

2. Principal Place of Business

**1700 S. BAYSHORE LANE
 Suite, Apt. #, etc. 4A
 City & State MIAMI FLA
 Zip 33133 Country Dade**

3. Mailing Address

Suite, Apt. #, etc.

City & State **SAME**

Zip

Country

4. FEI Number **59-1858441**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMIREZ, RAUL
 2025 ARCH CREEK DRIVE
 MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

1700 S. BAYSHORE LANE Apt 4A

City

MIAMI

Zip Code

33133

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD RAMIREZ, PAUL 2025 ARCH CREEK DR MIAMI FL 33181	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1700 S. BAYSHORE LANE Apt 4A MIAMI FL 33133	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

13. I 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 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 11 or Block 12, changed, or on an attachment with an address, with a letter like or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)