


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90001 026 ***150.00

DOCUMENT # 592512	
1. Entity Name RAUL RAMIREZ, M.D., P.A.	

Principal Place of Business 3550 E FAIRVIEW ST MIAMI, FL 33133 US	Mailing Address 3550 E FAIRVIEW ST MIAMI, FL 33133 US
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40101924



2. Principal Place of Business 10320 S.W. 88th AVE	3. Mailing Address 10320 S.W. 88th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08252006 Chg-P CR2E034 (11/05)

City & State MIAMI FL	City & State MIAMI FL
Zip 33176	Country U.S.A.

4. FEI Number 59-1858441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAMIREZ, RAUL 3550 E FAIRVIEW ST MIAMI, FL 33133	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
10320 S.W. 88th AVE	
City MIAMI	State FL Zip Code 33176

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 reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD RAMIREZ, PAUL 3550 E FAIRVIEW ST MIAMI, FL 33133		10320 S.W. 88th AVE MIAMI FL 33176	
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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: _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 8/29/06	Daytime Phone # _____
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