

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 597528

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: LUZ V. RAMIREZ, M.D.P.A.

**Current Principal Place of Business:**

22078 KIMBLE AVENUE  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 496411  
PORT CHARLOTTE, FL 33949

**New Mailing Address:**

FEI Number: 59-1866885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMIREZ, LUZ V M.D.  
22078 KIMBLE AVENUE  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: RAMIREZ, LUZ V.  
Address: 22078 KIMBLE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: RAMIREZ, LUZ V.  
Address: 22078 KIMBLE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZ RAMIREZ, M.D.

PRES

04/14/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date