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CORPORATION ANNUAL REPORT



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

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1. Corporation Name RAMON URQUIZA, M.D., P.A.								
rincipal Place of	f Business	Mailing Address			O SARIND DIGHT GARDI NAVEL SELIKA I		1841 418 11 4 11	DÍT ÁTÐIT BIÐIT FÐI
500 WEST BUFFALO AVENUE 500 WEST BUFFALO AVENUE TAMPA FL 33603 TAMPA FL 33603								
					3. Date Incorporated or Qualified 12/20/1979	3a. Date (of Last Re)4/24/1	
Principal Place		2a. Mailing Addre		LKING	4. FEI Number - 59-1954619	•		oplied For
500 Suite, Apt. #, 1		26 500 Suite, Apt. #,			-			Not Applicable Additional
		27			5. Certificate of Status Desired		7	Required
City & State	JPA, FC	City & State	PA	FC	Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	C	Country	8. This corporation has liability for			
336			603 30	·	Florida Statutes Yes			
	g. Name and Address of Current	t Hegistered Agent		B1 Name	10. Name and Address of Naw R	registerea A	gent	
URQLII7	ZA, RAMON, M.D.				Iress (P.C. Box Number is Not Acceptab	alo)		
	M L KING AVE			82 Street Add	iress (F.C. Dux number is not accepted	noj		
	FL 33603			83				
				84 City		FL.	85 Zıç	Code
Pursuant to	the provisions of Sections 607,0502	and 607.1508, Florida	a Statutes, the a	above-named corpo	pration submits this statement for the pur	rpose of char	ng ng its r	egistered offic
or registered familiar with, GNATURE	the provisions of Sections 607,0502 I agent, or both, in the State of Florid and accept the obligations of, Section ghature typed or prohibit name of registered agents	da. Such change was on 607.0505, Florida	authorized by the Statutes.	above-named corpo	ard of directors. I horeby accept the app	rpose of char	ng ng its re egistered	egistered offic agent. I am
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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