


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90297 046 \*\*\*150.00

**DOCUMENT # H57354**  
 1. Entity Name  
 OSCAR RAMIREZ DENTAL CLINIC PA



Principal Place of Business      Mailing Address  
 4640 N FEDERAL HWY STE H      4640 N FEDERAL HWY STE H  
 FORT LAUDERDALE, FL 33308-5205      FORT LAUDERDALE, FL 33308-5205

50043205



**DO NOT WRITE IN THIS SPACE**

02282005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2674234      Not Applicable

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

6. Name and Address of Current Registered Agent  
 RAMIREZ, OSCAR  
 4640 N. FEDERAL HWY.  
 SUITE H  
 FORT LAUDERDALE, FL 33308-5205

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	RAMIREZ, OSCAR
STREET ADDRESS	4640 N. FEDERAL HWY. #H
CITY - ST - ZIP	FORT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **OSCAR Ramirez**      Date: **04-18-05**      Daytime Phone #: **954.491.5748**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR