

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90052 040 ***150.00

DOCUMENT # P00000090918					
1. Entity Name MIGUEL DAVID RAMIREZ, M.D., P.A.					
Principal Place of Business 407 LINCOLN ROAD SUITE 2F MIAMI BEACH, FL 33139 US			Mailing Address 407 LINCOLN ROAD SUITE 2F MIAMI BEACH, FL 33139 US		
2. Principal Place of Business 420 Lincoln Road		3. Mailing Address 420 Lincoln Road			
Suite, Apt. #, etc. Suite 443		Suite, Apt. #, etc. Suite 443			
City & State Miami Beach, FL		City & State Miami Beach, FL			
Zip 33139		Country US		Zip 33139	
Country US		Country US			
4. FEI Number 65-1047449			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, MIGUEL D 407 LINCOLN ROAD STE 12F MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMIREZ, MIGUEL D 407 LINCOLN ROAD STE 12F MIAMI BEACH, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ramirez, Miquel D 420 Lincoln Road Ste 443 Miami Beach FL 33139				
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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: <i>Miguel D Ramirez</i> 01/20/05 305-531-4400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					