

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90046 022 ***150.00

DOCUMENT # P00000105773

1. Entity Name

PICHARDO MEDICAL SERVICES INC.



Principal Place of Business

15120 SW 10 STREET
MIAMI FL 33194

Mailing Address

15120 SW 10 STREET
MIAMI FL 33194

50016377



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

1393 SW 1 ST.

3. Mailing Address

15120 SW 10 ST.

Suite, Apt. #, etc.

320

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI, FL.

City & State

MIAMI, FLORIDA

Zip

33135

Country

33135

Zip

33194

Country

4. FEI Number

65-1057379

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PICHARDO, RAMON A
15120 SW 10 STREET
MIAMI FL 33194

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

Ramon Pichardo - RAMON PICHARDO - PRESIDENT.

01-25-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME PICHARDO, RAMON
STREET ADDRESS 254 N.W. 35TH AVE.
CITY-ST-ZIP MIAMI FL 33125

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME RAMON PICHARDO
STREET ADDRESS 15120 SW 10 ST.
CITY-ST-ZIP MIAMI, FL. 33194

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ramon Pichardo - RAMON PICHARDO, MD - 01-25-05

305-3025970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #