

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90222 012 ***150.00

DOCUMENT # P01000075122

1. Entity Name

CARMEN RAMIREZ, M.D., P.A.



Principal Place of Business

802 WEST DR MARTIN LUTHER KING JR BLV
D
PLANT CITY FL 33563

Mailing Address

802 WEST DR MARTIN LUTHER KING JR BLV
D
PLANT CITY FL 33563



2. Principal Place of Business

1749 S. Kings ave
Suite, Apt. #, etc.

3. Mailing Address

1749 S Kings ave
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Brandon FL

City & State

Brandon

4. FEI Number

59-3746612

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33511

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, CARMEN MD
802 W DR MARTIN LUTHER KING JR BLVD
STE D
PLANT CITY FL 33563

7. Name and Address of New Registered Agent

Name
CARMEN RAMIREZ MD
Street Address (P.O. Box Number is Not Acceptable)
1749 S. Kings ave.
City
Brandon FL Zip Code
33511

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

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, 2006 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RAMIREZ, CARMEN MD
802 W DR MARTIN LUTHER KING JR, STE D
PLANT CITY FL 33563 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CARMEN RAMIREZ MD ☒ Change ☐ Addition
1749 S. KINGS AVE
BRANDON FL 33511

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/2006