2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2008 08:00 AN Secretary of State

ANI	NUAL REPORT	
DOCUMENT # P020 1. Entity Name RAMIRO NIEVES MD PA		
Principal Place of Business	Mailing Address	
9432 SW 89TH COURT MIAMI, FL 33176	9432 SW 89TH COURT Miami, Fl. 33176	

Principal Plac 9432 SW 89 MIAMI, FL 3	TH COURT	Mailing Address 9432 SW 89TH COURT MIAMI, FL 33176		1 30011001 111 00110 11611 00111 06111 00114	18(1) (1885 S 9)(8) (1818 1818 (18198) (1 1883
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D	O NOT WRITE I	N THIS SPA	CE	4. FEI Number	Applied For
		•		04-3705083	Not Applicable
				5. Certificate of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current Regi	stered Agent	,		en i
NIEVES, F				DO NOT WE	SITE
9432 SW 8 MIAMI, FL				4 4	
,				IN THIS SPA	ACE
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	named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or register	red agent, or both, in the State of Flori	da. I am familiar with, and accept
. Ine obligat	nons or registered agent.				
SIGNATURE_	Signature, typed or printed name of registered agent and title	s if applicable (NOTE: Registere	d Agent signature required	d when reinstating)	DATE
		a Florito Commiss Fran	: ^-		
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	 Election Campaign Finar Trust Fund Contribution. 	~ _ , . .	.00 May Be ed to Fees	
10.	OFFICERS AND DIRE	CTORS	I ,		
TITLE	Р				and the second of the second
NAME	NIEVES, RAMIRO				•
STREET ADDRESS City-St-Zip	9432 SW 89TH COURT MIAMI, FL 33176				
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STREET ADDRESS			•	,	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08

Daytima Phone #