


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # P03000024076</b><br>1. Entity Name<br>RAMON F ISALES, MD, P.A. |  |
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| Principal Place of Business<br>808 VIRGINIA STREET<br>KEY WEST, FL 33040 | Mailing Address<br>808 VIRGINIA STREET<br>KEY WEST, FL 33040 |
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04292005 No Chg-P CR2E034 (10/03)

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>51-0475469                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

**DO NOT WRITE IN THIS SPACE**

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| 6. Name and Address of Current Registered Agent<br><br>ISALES, RAMON F MD<br>808 VIRGINIA STREET<br>KEY WEST, FL 33040 |
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| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 Ramon F Isales, MD DATE 4-29-05  
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                         |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>ISALES, RAMON F MD<br>808 VIRGINIA STREET<br>KEY WEST, FL 33040 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| <p>U00000354734<br/>05/03/05-80119-010 150.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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: Ramon F Isales, M.D. Ramon F. Isales, M.D. DATE 4-29-05 DAYTIME PHONE # 305-296-826  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR