

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063369

Entity Name: WALTER RAMIREZ, M.D., P.A.

FILED
Apr 14, 2005
Secretary of State

Current Principal Place of Business:

4689 N.W. 97TH COURT
MIAMI, FL 33178

New Principal Place of Business:

11760 BIRD ROAD
SUITE 502
MIAMI, FL 33175

Current Mailing Address:

4689 N.W. 97TH COURT
MIAMI, FL 33178

New Mailing Address:

P O BOX 227983
MIAMI, FL 33122

FEI Number: 30-0185140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMIREZ, WALTER MD
4689 N.W. 97TH COURT
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

RAMIREZ, WALTER MD
11487 NW 79TH LANE
MIAMI, FL 33178 US

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.

SIGNATURE:

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMIREZ, WALTER MD
Address: 4689 N.W. 97TH COURT
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAMIREZ, WALTER MD
Address: 11760 BIRD ROAD
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER O RAMIREZ

PD

04/14/2005

Electronic Signature of Signing Officer or Director

Date