# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 03, 2006**
**Secretary of State**

DOCUMENT# P03000111234

**Entity Name:** RAMON HECHAVARRIA, M.D., P.A.

**Current Principal Place of Business:**

241 E 49 STREET
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

241 E 49 STREET
HIALEAH, FL 33013

**New Mailing Address:**

**FEI Number: 56-2403350** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HECHAVARRIA, RAMON
241 E 49 STREET
HIALEAH, FL 33013 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: HECHAVARRIA, RAMON
Address: 241 E 49 STREET
City-St-Zip: HIALEAH, FL 33013

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RAMON HECHAVARRIA DR 07/03/2006

Electronic Signature of Signing Officer or Director Date