

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132192

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** RICARDO DE ARMAS PALOMERA, M.D., P.A.

**Current Principal Place of Business:**

4201 PALM AVE  
#2B  
HIALEAH, FL 33012

**New Principal Place of Business:**

4201 PALM AVE  
#2BB  
HIALEAH, FL 33012

**Current Mailing Address:**

6301 COLLINS AVE  
#TS8  
MIAMI BEACH, FL 33141

**New Mailing Address:**

**FEI Number:** 32-0099411      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DE ARMAS PALOMERA, RICARDO  
4201 PALM AVE  
#2B  
HIALEAH, FL 33012 US

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

DE ARMAS PALOMERA, RICARDO  
4201 PALM AVE  
#2BB  
HIALEAH, FL 33012 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: RICARDO DE ARMAS PALOMERA, M.D.

04/27/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: DE ARMAS PALOMERA, RICARDO  
Address: 4201 PALM AVE STE. 2B  
City-St-Zip: HIALEAH, FL 33012

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

Title: PRES (X) Change ( ) Addition  
Name: DE ARMAS PALOMERA, RICARDO  
Address: 4201 PALM AVE STE. 2BB  
City-St-Zip: HIALEAH, FL 33012

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: RICARDO DE ARMAS, M.D.

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date