2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# P04000036757

Entity Name: NORA ZOE RAMOS, DPM, P.A.

Current Principal Place of Business:

401 MIRACLE MILE, SUITE 310
CORAL GABLES, FL 33134

New Principal Place of Business:

401 MIRACLE MILE
SUITE 310
CORAL GABLES, FL 33134

Current Mailing Address:

401 MIRACLE MILE, SUITE 310
CORAL GABLES, FL 33134

New Mailing Address:

401 MIRACLE MILE
SUITE 310
CORAL GABLES, FL 33134

FEI Number: 20-0781650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAMOS, NORA Z
401 MIRACLE MILE, SUITE 310
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

RAMOS, NORA Z DPM, PA
401 MIRACLE MILE
SUITE 310
CORAL GABLES, FL 33134 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: NORA ZOE RAMOS, D.P.M. 09/06/2005
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: PD ( ) Delete
Name: RAMOS, NORA Z
Address: 401 MIRACLE MILE, SUITE 310
City-St-Zip: CORAL GABLES, FL 33134

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 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: NORA ZOE RAMOS, D.P.M. PD 09/06/2005
Electronic Signature of Signing Officer or Director Date