

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90023 034 \*\*\*163.75

|  |                           |  |   |  |                                   |
|--|---------------------------|--|---|--|-----------------------------------|
| DOCUMENT # P05000003172  |                           |  |   |             |                                   |
| 1. Entity Name<br>JOSE RAMIREZ, M.D., P.A.   |                           |  |   |  |                                   |
| Principal Place of Business<br>6636 FOREST AVE SUITE B<br>NEW PORT RICHEY, FL 34652  |                           | Mailing Address<br>6636 FOREST AVE SUITE B<br>NEW PORT RICHEY, FL 34652  |   |  |                                   |
| 2. Principal Place of Business   |                           | 3. Mailing Address   |   |  |                                   |
| Suite, Apt. #, etc.  |                           | Suite, Apt. #, etc.  |   |  |                                   |
| City & State   |                           | City & State   |   |  |                                   |
| Zip  | Country                   | Zip  | Country   | 07052006   | Chg-P CR2E034 (11/05)             |
| 4. FEI Number<br>20-2128984  |                           |  |   | Applied For<br>Not Applicable  |                                   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |                           |  |   | \$8.75 Additional Fee Required   |                                   |
| 6. Name and Address of Current Registered Agent  |                           |  | 7. Name and Address of New Registered Agent           |  |                                   |
| SCHICK, DAVID L<br>301 E PINE STREET SUITE 1400<br>ORLANDO, FL 32801   |                           |  | Name  |  |                                   |
|  |                           |  | Street Address (P.O. Box Number is Not Acceptable)    |  |                                   |
|  |                           |  | City  |  |                                   |
|  |                           |  | FL  |  | Zip Code                          |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                           |  |   |  |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 6, 2006</b>  |                           | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                                   |
| 10. OFFICERS AND DIRECTORS   |                           |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                   |
| TITLE  | DPST                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | RAMIREZ, JOSE             |  | NAME  |  |                                   |
| STREET ADDRESS   | 6636 FOREST AVE SUITE B   |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | NEW PORT RICHEY, FL 34652 |  | CITY-ST-ZIP   |  |                                   |
| TITLE  |                           | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                           |  | NAME  |  |                                   |
| STREET ADDRESS   |                           |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  |                           |  | CITY-ST-ZIP   |  |                                   |
| TITLE  |                           | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                           |  | NAME  |  |                                   |
| STREET ADDRESS   |                           |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  |                           |  | CITY-ST-ZIP   |  |                                   |
| TITLE  |                           | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                           |  | NAME  |  |                                   |
| STREET ADDRESS   |                           |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  |                           |  | CITY-ST-ZIP   |  |                                   |
| TITLE  |                           | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                           |  | NAME  |  |                                   |
| STREET ADDRESS   |                           |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  |                           |  | CITY-ST-ZIP   |  |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jose Ramirez</i>   |                           | Jose Ramirez (director)  |   | 7/5/06 727-844-7944  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                           | Date   |   | Daytime Phone #  |                                   |

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