

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90023 049 ***158.75

DOCUMENT # P05000003172
 1. Entity Name
 JOSE RAMIREZ, M.D., P.A.



Principal Place of Business
 6636 FOREST AVE SUITE B
 NEW PORT RICHEY, FL 34652

Mailing Address
 6636 FOREST AVE SUITE B
 NEW PORT RICHEY, FL 34652

40044452



2. Principal Place of Business - No P.O. Box #
 5411 Grand Blvd
 Suite, Apt. #, etc.
 Suite 104
 City & State
 New Port Richey FL

3. Mailing Address
 5411 Grand Blvd
 Suite, Apt. #, etc.
 Suite 104
 City & State
 New Port Richey FL

Zip
 34652 Country
 US

02132007 Chg-P CR2E034 (12/05)

4. FEI Number
 20-2128984

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHICK, DAVID L
 301 E PINE STREET SUITE 1400
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent
 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: *[Signature]* DATE: 3/21/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RAMIREZ, JOSE <input checked="" type="checkbox"/> Delete 6636 FOREST AVE SUITE B NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST, Jose Ramirez, Jose <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5411 Grand Blvd Suite 104 New Port Richey FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ramirez Brenda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5411 Grand Blvd Suite 104 New Port Richey FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: 3/21/07 DAYTIME PHONE #: 727-847-1716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #