

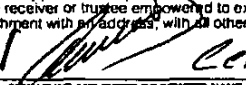


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90104 037 \*\*\*150.00

<b>DOCUMENT # P05000109748</b>			
1. Entity Name <b>CESAR A. RAMIREZ MD. P.A.</b>			
Principal Place of Business <b>12260 SW 8TH ST STE #120 MIAMI, FL 33184</b>		Mailing Address <b>12260 SW 8TH ST STE #120 MIAMI, FL 33184</b>	
2. Principal Place of Business <b>1471 SW 149 PL</b> Suite, Apt. #, etc.		3. Mailing Address <b>1471 SW 149 PL</b> Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33194</b> Country <b>USA</b>		Zip <b>33194</b> Country	
4. FEI Number <b>20-3277348</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RAMIREZ, CESAR A 1934 SW 151 PL MIAMI, FL 33185</b>		7. Name and Address of New Registered Agent Name <b>CESAR A. RAMIREZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1471 SW 149 PL</b> City <b>MIAMI</b> FL <b>33194</b>	
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  <b>CESAR A. RAMIREZ</b> <b>06/10/2006</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO RAMIREZ, CESAR A 1934 SW 151 PL MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CESAR A. RAMIREZ, MD PA</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1471 SW 149 PL</b> <b>MIAMI FL 33194</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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:  <b>CESAR A. RAMIREZ</b> <b>April 29, 2006</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <small>Daytime Phone #</small>	



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
P.O. BOX 9003  
HOLTSVILLE NY 11742-9003

ATTACHMENT

66020760

#105000109748

000180.196129.0001.001 2 AT 0.517 1162

|||||

Date of this notice: 08-24-2005

Employer Identification Number:  
20-3277348

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:  
1-800-829-4933

CESAR A RAMIREZ MD PA  
% CESAR A RAMIREZ  
1934 SW 151 PL  
MIAMI FL 33185

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 20-3277348. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 1120

03/15/2006

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office or from our web site at [www.irs.gov](http://www.irs.gov).

We assigned you a tax classification (S-Corporation, Partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or superceding revenue procedure for the year at issue.)