2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000002507

Entity Name: JAMES D. RAMIREZ, P.A.

FILED May 01, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13506 SUMMERPORT VILLAGE PKWY 13506 SUMMERPORT VILLAGE PKWY

SUITE #404 SUITE #813

WINDERMERE, FL 34786 US WINDERMERE, FL 34786 US

Current Mailing Address: New Mailing Address:

13506 SUMMERPORT VILLAGE PKWY 13506 SUMMERPORT VILLAGE PKWY

SUITE #404 SUITE #813

WINDERMERE, FL 34786 US WINDERMERE, FL 34786 US

FEI Number: 32-0190138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

RAMIREZ, JAMES D PRES RAMIREZ, JAMES D PRES

13506 SUMMERPORT VILLAGE PKWY, SUITE #404 13506 SUMMERPORT VILLAGE PKWY, SUITE #813

WINDERMERE, FL 34786 US WINDERMERE, FL 34786 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: JAMES D. RAMIREZ, PRESIDENT/CEO 05/01/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PCTD

Name: RAMIREZ, JAMES D PRES

Address: 13506 SUMMERPORT VILLAGE PKWY, SUITE #813

City-St-Zip: WINDERMERE, FL 34786 US

Title: VPSD

Name: ANZA, FRANCES SVP

Address: 13506 SUMMERPORT VILLAGE PKWY, SUITE #813

City-St-Zip: WINDERMERE, FL 34786 US

Title: VPD

Name: RAMIREZ, JOSHUA D VP Address: 1325 IVYWOOD ROAD City-St-Zip: VIRGINIA BEACH, VA 23453 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES D. RAMIREZ PRES 05/01/2011