

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000021508

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** ALBERTO RAMIREZ, M.D., P.A.

**Current Principal Place of Business:**

16238 BURNISTON DRIVE  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

16238 BURNISTON DRIVE  
TAMPA, FL 33647 US

**New Mailing Address:**

**FEI Number:** 26-2109116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RAMIREZ, ALBERTO  
16238 BURNISTON DRIVE  
TAMPA, FL 33647 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RAMIREZ, ALBERTO  
Address: 16238 BURNISTON DRIVE  
City-St-Zip: TAMPA, FL 33647 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: ALBERTO RAMIREZ

DR

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date