
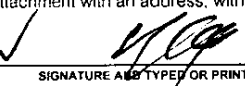



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90034 046 ***150.00

DOCUMENT # P93000012995											
1. Entity Name IVAN A. RAMOS, M.D., P.A.											
Principal Place of Business 8227 STATE RD. 52 HUDSON, FL 34667			Mailing Address 8227 STATE RD. 52 HUDSON, FL 34667								
2. Principal Place of Business - No P.O. Box # 11910 LITTLE RD.		3. Mailing Address 11910 LITTLE RD.									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 59-3166601							
Zip 34654		Country PASCO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent RAMOS, IVAN A 8225 STATE RD. 52 HUDSON, FL 34667		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name IVAN A. RAMOS</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 11910 LITTLE ROAD</td> </tr> <tr> <td style="padding: 2px;">City New Port Richey</td> <td style="padding: 2px;">FL Zip Code 34654</td> </tr> </table>				Name IVAN A. RAMOS		Street Address (P.O. Box Number is Not Acceptable) 11910 LITTLE ROAD		City New Port Richey	FL Zip Code 34654
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Street Address (P.O. Box Number is Not Acceptable) 11910 LITTLE ROAD											
City New Port Richey	FL Zip Code 34654										
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 _____											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	PD RAMOS, IVAN A 8227 S.R. 52 HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11910 LITTLE RD. NEW PORT RICHEY, FL 34654							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT RAMOS, AMAYA E M.D. 8227 S.R. 52 HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> 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: 			IVAN A. RAMOS, PRES.  727 863 2655								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											