2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# P93000052076

Entity Name: TORRENT & RAMOS, P.A.

Current Principal Place of Business:	**New Principal Place of Business:**
KENDALL REG MED CENTER 11750 BIRD RD MIAMI, FL 33175 US	

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 430885 MIAMI, FL 332430884	

FEI Number: 65-0426302   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
TORRENT, JOSE R 10563 S.W. 92ND AVE. MIAMI, FL 33176 US	TORRENT, JOSE R 9450 SUNSET DRIVE MIAMI, FL 33173 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: _____   04/04/2007 _____
                      Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	D ( ) Delete	Title:	D (X) Change ( ) Addition
Name:	TORRENT, JOSE R	Name:	TORRENT, JOSE R
Address:	10563 S.W. 92ND AVE.	Address:	P.O. BOX 430885
City-St-Zip:	MIAMI, FL 33176	City-St-Zip:	MIAMI, FL 332430885
Title:	D ( ) Delete	Title:	D (X) Change ( ) Addition
Name:	RAMOS, CARLOS E	Name:	RAMOS, CARLOS E
Address:	10975 SW 69 AVE RD	Address:	P.O. BOX 430885
City-St-Zip:	MIAMI, FL	City-St-Zip:	MIAMI, FL 332430885

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSE R. TORRENT, M.D.   D   04/04/2007
                     Electronic Signature of Signing Officer or Director   Date