

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90110 004 \*\*\*150.00



**DOCUMENT # P94000008538**  
 1. Entity Name  
**RAMON PEREZ-MARRERO, M.D., P.A.**

Principal Place of Business: **5652 MEADOW LANE NEW PORT RICHEY FL 34652**  
 Mailing Address: **5652 MEADOW LANE NEW PORT RICHEY FL 34652**



2. Principal Place of Business: **8849 Hawback St.**  
 Suite, Apt. #, etc.:  
 3. Mailing Address: **3152 Little Road**  
 Suite, Apt. #, etc.: **Ste. 342**

1st MOORE CR2E034 (10/05)

City & State: **Trinity FL**  
 City & State: **Trinity FL**  
 Zip: **34655** Country: **USA**  
 Zip: **34655** Country: **USA**

4. FEI Number: **59-3235187**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GONZALES, LARRY J.**  
**THORNTON, TORRENCE & GONZALES**  
**6645 RIDGE ROAD**  
**PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: **FL** Zip Code:

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>PEREZ-MARRERO, RAMON</b>
STREET ADDRESS: <b>906 LENNOX ROAD</b>	CITY-ST-ZIP: <b>1854 Kinsmere Dr Trinity, FL 34655</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete	NAME: <b>JAMES, RAYMOND</b>
STREET ADDRESS: <b>2739 US 19, SUITE 223</b>	CITY-ST-ZIP: <b>HOLIDAY FL Q3469</b>
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-27-06** Daytime Phone #: **727-372-7014**