2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000008538

HOLIDAY, FL Q3469

City-St-Zip:

Entity Name: RAMON PEREZ-MARRERO, M.D., P.A

FILED Jan 08, 2009 Secretary of State

Linuty Na	IIIC. KAWON	ENEZ-IVIANNENO, IVI.D., I .A	λ.		
Current Principal Place of Business:			New Principal Place of Business:		
	LNESS LANE RT RICHEY, FL	34655			
Current M	lailing Addres	s:	New Mailing Address:		
3152 LITTI STE 342 NEW POR	LE RD RT RICHEY, FL	34655			
FEI Number	: 59-3235187	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LARRY J (2655 MCC	ES, LARRY J. E GONZALES, P. CORMICK DR. F ATER, FL 3375	A. ¥212			
	named entity s e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PEREZ-MARRE 1854 KINSMER	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () JAMES, RAYMO 2739 US 19, SU		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RAMON PEREZ-MARRERO MD 01/08/2009