

1995

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 15 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
LUIS ANTONIO RAMIREZ, M.D. P.A.

DOCUMENT #

P94000056007

Mailing Address Principal Place of Business

*10021 SW 40 STREET
MIAMI - FL 33165*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified *07-28-94* 3a. Date of Last Report

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address

2a. Principal Place of Business

4. FBI Number
65-0518584

Applied For
Not Applicable

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

5. Certificate of Status Desired
\$8.75

6. Election Campaign Financing Trust Fund Contribution
\$5.00 May Be Added to Fees

22 City & State

27 City & State

7. Nonprofit Exempt from \$138.76 Supplemental Fee

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*LUIS ANTONIO RAMIREZ, M.D.
10021 SW 40 STREET
MIAMI - FL 33165*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when renouncing)

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
*Luis Antonio Ramirez, M.D.
10021 SW 40 Street
MIAMI - FL 33165*

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**600001S14986
-06/16/95--01031--005
225.00 *225.00**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
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5.1 TITLE
5.2 NAME
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5.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with SECTION 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Antonio Ramirez, M.D.

5-31-95 (20) 223-7512

Date

Daytime Phone #

JRW