

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000035258

**FILED**  
**Mar 25, 2009**  
**Secretary of State**

**Entity Name:** VICTOR M. RAMOS, D.D.S., P.A.

**Current Principal Place of Business:**

1315 NORTH CENTRAL AVE.  
SEBASTIAN, FL 32958 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 780187  
SEBASTIAN, FL 32978

**New Mailing Address:**

P.O. BOX 780187  
SEBASTIAN, FL 32978 US

**FEI Number:** 59-3314078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAMOS, VICTOR M DDS  
1315 NORTH CENTRAL AVE.  
SEBASTIAN, FL 32958 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: RAMOS, VICTOR M DDS  
Address: 1526 POLYNESIAN LN  
City-St-Zip: SEBASTIAN, FL 32958

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

Title: PSTD (X) Change ( ) Addition  
Name: RAMOS, VICTOR M DDS  
Address: 1526 POLYNESIAN LN  
City-St-Zip: SEBASTIAN, FL 32958 US

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: VICTOR RAMOS

PSTD

03/25/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date