

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000086783

1. Entity Name

RAMON F. ORTIZ, D.M.D. M.S., P.A.



Principal Place of Business

TARPON WOODS PROFESSIONAL BUILDING
800 TARPON WOODS BLVD SUITE D
PALM HARBOR, FL 34685

Mailing Address

TARPON WOODS PROFESSIONAL BUILDING
800 TARPON WOODS BLVD SUITE D
PALM HARBOR, FL 34685



07062007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3407339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ORTIZ, RAMON F
TARPON WOODS PROFESSIONAL BUILDING
800 TARPON WOODS BLVD SUITE D
PALM HARBOR, FL 34685

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

UD00000773398
09/06/07 00001-012 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR
ORTIZ, RAMON F
800 TARPON WOODS BLVD SUITE D
PALM HARBOR, FL 34685

TITLE
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CITY-ST-ZIP

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #