

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001240

1. Entity Name

RAMIREZ MEDICAL, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90063 050 ***150.00

Principal Place of Business

Mailing Address

122 MARKET ST. SUITE B
 APALACHICOLA FL 32320

122 MARKET ST. SUITE B
 APALACHICOLA FL 32320-1730

2. Principal Place of Business

720 OAK Commons Blvd
 Suite, Apt. #, etc.

3. Mailing Address

720 OAK Commons Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number

59-3487216

Applied For

Not Applicable

Zip

34741

Country

Osceola

Zip

34741

Country

Osceola

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YONCLAS, NICHOLAS
 140-D FIRST ST WEST
 ST GEORGE ISLAND FL 32328

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 0
 RAMIREZ, MAURICE A.D.O.
 122 MARKET ST- STE B
 APALACHICOLA FL 32320 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 RAMIREZ, MAURICE A.D.O. ☒ Change ☐ Addition
 720 OAK Commons Blvd
 Kissimmee FL 34741

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maurice A. Ramirez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 8004454317
 Date Daytime Phone #

CR2E034 (9/99)