

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90120 018 ***150.00

DOCUMENT # P98000001240

1. Entity Name
RAMIREZ MEDICAL, INC.

Principal Place of Business

**8976 HWY 98
PORT ST. JOE FL 32456**

Mailing Address

**P.O. BOX 1172
PORT ST. JOE FL 32457**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3487216

Applied For

Not Applicable

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, 2002 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 **0** ☐ Delete
NAME **RAMIREZ, MAURICE A D.O.**
STREET ADDRESS **8976 HWY 98**
CITY-ST-ZIP **PORT ST. JOE FL 32456**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/02 850-229-6758
Date Daytime Phone #

CR2E034 (9/01)

Attaching 9/16/88
800000 640

Division of Corporations – State of Florida
P.O. Box 1500
Tallahassee, FL 32302

RE: UBR FILING REPORT


Dear Sirs/Madam,

I filed our UBR report via internet on April 29, 2002, paid with credit card, and thought that the process had gone through. Apparently, it did not accept my payment so, therefore, I am filing through the mail.

Please expedite this form as the deadline is near for late filing fees and dissolution of corporation action.

Thanking you in advance for your help.

Sincerely,


Susan A. Goodrich, Business Manager
Ramirez Medical, Inc.
P.O. Box 1172
Port St. Joe, FL 32457
850-229-6758