


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90066 042 ***150.00

DOCUMENT # P98000067765			
1. Entity Name PEDRO J. RAMOS, M.D., P.A.			
Principal Place of Business 4800 8TH STREET MIAMI FL 33134		Mailing Address 4101 BATTERSEA ROAD COCONUT GROVE FL 33133-6603	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

54029809



MOORE CR2E034 (11/03)

4. FEI Number 65-0853864		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KURZWEIL, HOWARD E ESQ DOUGLAS CENTRE 2600 DOUGLAS ROAD STE 501 CORAL GABLES FL 33134				Name KURZWEIL, HOWARD E. ESQ			
				Street Address (P.O. Box Number is Not Acceptable) TOWER 101, SUITE 1700			
				101 NORTHEAST THIRD AVENUE			
				City FT. LAUDERDALE		FL Zip Code 33301	

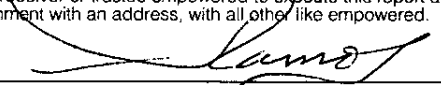
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <input type="checkbox"/>	D	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMOS, PEDRO J MD			NAME			
STREET ADDRESS	4101 BATTERSEA ROAD			STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133-6603			CITY-ST-ZIP			
TITLE <input type="checkbox"/>		<input type="checkbox"/> Delete		TITLE <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE <input type="checkbox"/>		<input type="checkbox"/> Delete		TITLE <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE <input type="checkbox"/>		<input type="checkbox"/> Delete		TITLE <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE <input type="checkbox"/>		<input type="checkbox"/> Delete		TITLE <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: April 6/04 (305) 441-1570 Daytime Phone #