2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 24, 2005 8:00 am **Secretary of State** DOCUMENT # P99000071860 1. Entity Name 01-24-2005 90054 008 ***150.00 RAMIREZ AND POULOS, M.D., P.A. Principal Place of Business Mailing Address 115 W COLUMBIA ST ORLANDO FL 32806 115 W COLUMBIA ST ORLANDO FL 32806 50005844 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE Applied For 4. FEI Number City & State City & State 59-3590884 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHEPARD, CLIFFORD B III Street Address (P.O. Box Number is Not Acceptable) 221 NE IVANHOE BLVD, SUITE 205 ORLANDO FL 32804 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition THTLE ☐ Delete Change RAMIREZ, RICARDO J NAME 115 W COLUMBIA ST STREET ADDRESS STREET ADDRESS ORLANDO FL 32806 CITY-SI-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CiTY-SI-7iP CITY-ST-ZIP Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

01/19/2005

407-843-2020

FILED