

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000071860

**FILED**  
**Feb 10, 2006**  
**Secretary of State**

**Entity Name:** RAMIREZ AND POULOS, M.D., P.A.

**Current Principal Place of Business:**

115 W COLUMBIA ST  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

115 W COLUMBIA ST  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 59-3590884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEPARD, CLIFFORD B III  
221 NE IVANHOE BLVD, SUITE 205  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

RAMIREZ, RICARDO J M.D.  
115 W. COLUMBIA STREET  
ORLANDO, FL 32806 US

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: RICARDO J. RAMIREZ, M.D.

02/10/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RAMIREZ, RICARDO J  
Address: 115 W COLUMBIA ST  
City-St-Zip: ORLANDO, FL 32806

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: RAMIREZ, RICARDO J M.D.  
Address: 115 W COLUMBIA ST  
City-St-Zip: ORLANDO, FL 32806

Title: DS ( ) Change (X) Addition  
Name: POULOS, MARGARET K M.D.  
Address: 115 W COLUMBIA ST  
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO J. RAMIREZ, M.D.

DPT

02/10/2006

Electronic Signature of Signing Officer or Director

Date