


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S91054**  
 1. Entity Name  
**RAMON GUTIERREZ, M.D., P.A.**



Principal Place of Business 8300 WEST FLAGLER ST. SUITE 112 MIAMI, FL 33144	Mailing Address 8300 WEST FLAGLER ST. SUITE 112 MIAMI, FL 33144
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**DO NOT WRITE IN THIS SPACE**



06122006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3098991</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 GUTIERREZ, RAMON  
 8300 WEST FLAGLER ST.  
 SUITE 113  
 MIAMI, FL 33144

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U00000570257  
 07/14/06-80007-002 150.00  
DATE

**FILE NOW!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GUTIERREZ, RAMON 8300 WEST FLAGLER ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS GUTIERREZ, VIVIAN 8300 WEST FLAGLER ST. MIAMI, FL
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Ramon Gutierrez - RAMON Gutierrez 7/14/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #