


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

DO NOT WRITE IN THIS SPACE



06122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3098991

Applied For
 Not Applicable

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 #