

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000034623

**Entity Name:** LUIS G RAMIREZ M D P A

**FILED**  
**Oct 24, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

8200 SOUTHWEST 117TH AVENUE  
SUITE 104-A  
MIAMI, FL 331834825

**New Principal Place of Business:**

**Current Mailing Address:**

8200 SOUTHWEST 117TH AVENUE  
SUITE 104-A  
MIAMI, FL 331834825

**New Mailing Address:**

**FEI Number:** 36-4730709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LUIS G. RAMIREZ BRACHO, M.D.  
8200 SOUTHWEST 117TH AVENUE  
SUITE 104-A  
MIAMI, FL 331834825 US

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

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:** LUIS G RAMIREZ BRACHO MD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RAMIREZ BRACHO, LUIS G  
**Address:** 8200 SOUTHWEST 117TH AVENUE, SUITE 104-A  
**City-St-Zip:** MIAMI, FL 331834825

I hereby 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 all other like empowered.

**SIGNATURE:** LUIS G RAMIREZ BRACHO MD

PRES

10/24/2013

Electronic Signature of Signing Officer or Director

Date