

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 595083

**Entity Name:** J. RAMON RODRIGUEZ, M.D., P.A.

**Current Principal Place of Business:**

16013 KINGSMOOR WAY  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

16013 KINGSMOOR WAY  
MIAMI LAKES, FL 33014 US

**FEI Number:** 59-1869083

**Certificate of Status Desired:** No

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

RODRIGUEZ, J. RAMON M.D.  
16013 KINGSMOOR WAY  
MIAMI LAKES, FL 33014 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name RODRIGUEZ, J. RAMON M.D.  
Address 16013 KINGSMOOR WAY  
City-State-Zip: MIAMI LAKES FL 33014

*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:** J RAMON RODRIGUEZ MD

PD

04/29/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date