

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063369

Entity Name: WALTER RAMIREZ, M.D., P.A.

Current Principal Place of Business:

11760 BIRD ROAD
SUITE 622-A
MIAMI, FL 33175

Current Mailing Address:

P O BOX 227983
MIAMI, FL 33122

FEI Number: 30-0185140

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMIREZ, WALTER MD
11140NW 77TH TERRACE
MIAMI, FL 33178 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 MD
Name RAMIREZ, WALTER MD
Address 11760 BIRD ROAD SUITE 622-A
City-State-Zip: MIAMI FL 33175

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: WALTER O RAMIREZ

ADMINISTRATOR

02/19/2019

Electronic Signature of Signing Officer/Director Detail

Date