

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000000771

**FILED**  
**Feb 28, 2019**  
**Secretary of State**  
**5146826390CC**

**Entity Name:** JOSE LUIS RUIZ M.D. P.A.

**Current Principal Place of Business:**

11285 SW 211 ST  
SUITE 304  
CUTLER BAY, FL 33189

**Current Mailing Address:**

11285 SW 211 ST  
SUITE 304  
CUTLER BAY, FL 33189 US

**FEI Number:** 47-0949312

**Certificate of Status Desired:** No

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

RUIZ, JOSE LUIS  
11285 SW 211 ST  
SUITE 304  
CUTLER BAY, FL 33189 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            D  
Name            RUIZ, JOSE LUIS M.D.  
Address        11285 SW 211 ST  
                  SUITE 304  
City-State-Zip: CUTLER BAY FL 33189

Title            SECRETARY  
Name            FAJARDO, MARIA ANTONIA  
Address        11285 SW 211 ST  
                  SUITE 304  
City-State-Zip: CUTLER BAY FL 33189

Title            MANAGER  
Name            HERNANDEZ, JANET  
Address        11285 SW 211 ST  
                  SUITE 304  
City-State-Zip: CUTLER BAY FL 33189

*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:** RUIZ, JOSE LUIS M.D.

**DIRECTOR**

**02/28/2019**

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

\_\_\_\_\_  
Date