

P050000003172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

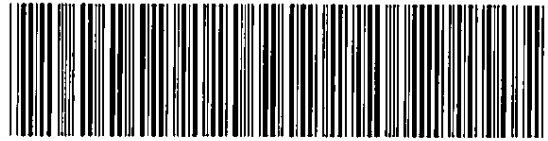
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jose Ramirez, M.D. P.A.
Name of Corporation

DOCUMENT NUMBER: P05000003172

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Ramirez
Name of Contact Person

Jose Ramirez, M.D. P.A.
Firm/Company

1110 Andora Ave.
Address

Coral Gables, FL 33146
City/State and Zip Code

xanique1@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Ramirez at (786) 457-8950
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DEPT. OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2023

JOSE RAMIREZ, M.D., P.A.
1110 ANDORA AVENUE
CORAL GABLES, FL 33146

SUBJECT: JOSE RAMIREZ, M.D., P.A.
Ref. Number: P05000003172

Our records indicate the registered agent for the above named corporation resigned on March 24, 2023 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). **Each one of these filings must be submitted with the appropriate filing fee.**

If you should need any further information, please contact our office at (850) 245-6050.

Diane Cushing
Operations Manager A
Division of Corporations

Letter number: 523A00024381

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Jose Ramirez M.D. P.A.

2. The principal office address: 1110 Andora Ave.
Coral Gables, FL 33146

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/6/2005 Document number: P05000003172

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jose Ramirez
1110 Andora Ave.
Coral Gables, FL 33146

P.O. Box NOT acceptable

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SECRETARY OF STATE
TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Jose Ramirez -
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

10-30-2023
Date

If signing on behalf of an entity:

Jose Ramirez
Typed or Printed Name

*** FILING FEE: \$35.00 ***