

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000032140

Entity Name: LINA RAMOS, M.D., P.A.

FILED
May 06, 2010
Secretary of State

Current Principal Place of Business:

20 CALABRIA AVE. SUITE 200
CORAL GABLES, FL 33134

New Principal Place of Business:

20 CALABRIA AVE
CORAL GABLES, FL 33134

Current Mailing Address:

21 E SUNRISE AVE
CORAL GABLES, FL 33133

New Mailing Address:

740 DAVIS RD
CORAL GABLES, FL 33143

FEI Number: 26-2275755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, LINA M.D.
20 CALABRIA AVE. APT 200
CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: RAMOS, LINA M.D.
Address: 20 CALABRIA AVE. SUITE 200
City-St-Zip: CORAL GABLES, FL 33134

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: LINA RAMOS

DR

05/06/2010

Electronic Signature of Signing Officer or Director

Date