

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000079278

Entity Name: J.C. RAMOS M.D., P.A.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11370 SMATHERS CIRCLE  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

11370 SMATHERS CIRCLE  
CORAL GABLES, FL 33156

**New Mailing Address:**

FEI Number: 27-3605989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THE MEDI-LAW FIRM  
1400 NW 10TH AVE PENTHOUSE III  
MIAMI, FL 33136 US

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

THE MEDI-LAW FIRM  
2100 PONCE DE LEON BLVD  
SUITE 1000  
CORAL GABLES, FL 33134 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: MAX A ADAMS ESQ

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RAMOS, JUAN C  
Address: 11370 SMATHERS CIRCLE  
City-St-Zip: CORAL GABLES, FL 33156

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: JUAN C RAMOS

D

04/27/2011

Electronic Signature of Signing Officer or Director

Date