

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90035 012 ***158.75

DOCUMENT # P97000065891

1. Entity Name
JORGE E. RAVELO, M.D., P.A.



Principal Place of Business
**2140 W 68TH STREET
SUITE 307
HIALEAH, FL 33016**

Mailing Address
**2140 W 68TH STREET
SUITE 307
HIALEAH, FL 33016**

40010763



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0773933

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$9.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAVELO, JORGE E
2140 W 68TH STREET
STE 307
HIALEAH, FL 33016**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rosa M. Ravelo

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DR.
RAVELO, JORGE E
2140 W 68TH STREET, SUITE 307
HIALEAH, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MRS
RAVELO, ROSA MARIA
2140 W 38 STREET, SUITE 307
HIALEAH, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosa M. Ravelo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/08

Daytime Phone #