2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P98000067765 1. Entity Name PEDRO J. RAMOS, M.D., P.A. 03-05-2001 90070 049 ***150.00 Principal Place of Business Mailing Address 4800 SW BATH ST 2522 LINCOLN AVE MIAMI FL 33134 MIAM! FL 33134 926602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0853864 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KURZWEIL, HOWARD E ESQ Street Address (P.O. Box Number is Not Acceptable) UNION PLANTERS BANK BUILDING 2151 LE JEUNE ROAD, MEZZANINE **CORAL GABLES FL 33134** City Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, TITLE ☐ Delete TITLE RAMOS, PEDRO J MD NAME NAME 2522 LINCOLN AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33134 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Change ___ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

PEDRO J. RAMOS MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: