

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S82270

FILED  
Mar 18, 2011  
Secretary of State

**Entity Name:** RAMON HOSPITALET, P.A.

**Current Principal Place of Business:**

14355 COMMERCE WY  
MIAMI LAKES, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

14355 COMMERCE WY  
MIAMI LAKES, FL 33016 US

**New Mailing Address:**

**FEI Number:** 65-0314082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOSPITALET, RAMON A.  
14355 COMMERCE WAY  
MIAMI LAKES, FL 33016 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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: HOSPITALET, RAMON A.  
Address: 9010 N.W. 145TH LANE  
City-St-Zip: MIAMI, FL 33018

Title: D/S  
Name: HOSPITALET, REGLA  
Address: 9010 N.W. 145TH LANE  
City-St-Zip: MAIMI, FL 33018

Title: DVP  
Name: HOSPITALET, RAYMOND  
Address: 9010 NW 145TH LANE  
City-St-Zip: MIAMI, FL 33018

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: RAMON A HOSPITALET

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03/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date