

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000006017

**Entity Name:** MARIA E. RAMON-COTON M.D., F.A.A.P., P.A.

**Current Principal Place of Business:**

7000 W 12 AVE.  
SUITE 10-11  
HIALEAH, FL 33014

**Current Mailing Address:**

7000 W 12 AVE.  
SUITE 10-11  
HIALEAH, FL 33014

**FEI Number: 01-0573760**

**Certificate of Status Desired: No**

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

RAMON-COTON, MARIA E  
7000 WEST 12TH AVENUE  
STE 10 - 11  
HIALEAH, FL 33014 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            D  
Name            RAMON-COTON, MARIA E  
Address        7000 W. 12 AVE., SUITE 10-11  
City-State-Zip: HIALEAH FL 33014

Title            TR  
Name            IGLESIAS, MARIA J  
Address        6600 SW 99TH AVENUE  
City-State-Zip: MIAMI FL 33173

*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: MARIA E. RAMON-COTON MD**

**PD**

**03/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date