

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000063369

**Entity Name:** WALTER RAMIREZ, M.D., P.A.**Current Principal Place of Business:**8000 SW 117TH AVENUE  
SUITES PHB1-PHB2  
MIAMI, FL 33183**Current Mailing Address:**P O BOX 227983  
MIAMI, FL 33122 US**FEI Number:** 30-0185140**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RAMIREZ, WALTER MD  
11140 NW 77TH TERRACE  
MIAMI, FL 33178 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           | MD                                       |
| Name            | RAMIREZ, WALTER MD                       |
| Address         | 8000 SW 117TH AVENUE<br>SUITES PHB1-PHB2 |
| City-State-Zip: | MIAMI FL 33183                           |
| Title           | D  |
| Name            | RAMIREZ MENDIZABAL, MARIA                |
| Address         | 11140 NW 77TH TER                        |
| City-State-Zip: | MIAMI FL 33178                           |
| Title           | V  |
| Name            | RAMIREZ, DANIELA                         |
| Address         | 1140 NW 77TH TER                         |
| City-State-Zip: | MIAMI FL 33178                           |

|                 |                   |
|-----------------|-------------------|
| Title           | TR                |
| Name            | RAMIREZ, CLAUDIA  |
| Address         | 11140 NW 77TH TER |
| City-State-Zip: | MIAMI FL 33178    |
| Title           | V                 |
| Name            | RAMIREZ, MONICA   |
| Address         | 11140 NW 77TH TER |
| City-State-Zip: | MIAMI FL 33178    |

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:** WALTER O RAMIREZ

MD

01/19/2025

Electronic Signature of Signing Officer/Director Detail

Date