

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003172

Entity Name: JOSE RAMIREZ, M.D., P.A.

Current Principal Place of Business:

1110 ANDORA AVENUE
CORAL GABLES, FL 33146

Current Mailing Address:

1110 ANDORA AVENUE
CORAL GABLES, FL 33146 US

FEI Number: 20-2128984

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHICK, DAVID L
200 S. ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801 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 DPST
Name RAMIREZ, JOSE M.D.
Address 1110 ANDORA AVENUE
City-State-Zip: CORAL GABLES FL 33146

Title VP
Name RAMIREZ, BRENDA
Address 1110 ANDORA AVENUE
City-State-Zip: CORAL GABLES FL 33146

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: JOSE RAMIREZ, M.D.

PRESIDENT

02/19/2014

Electronic Signature of Signing Officer/Director Detail

Date