

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003172

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

Current Principal Place of Business:

9200 S. DADELAND BLVD
SUITE 101
MIAMI, FL 33156

Current Mailing Address:

9200 S. DADELAND BLVD
SUITE 101
MIAMI, FL 33156 US

FEI Number: 20-2128984

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHICK, DAVID L
301 E PINE STREET SUITE 1400
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 2407 S. MIAMI AVE.
City-State-Zip: MIAMI FL 33129

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

02/15/2013

Electronic Signature of Signing Officer/Director Detail

Date