

**2022 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**

**02/14/2022**

Electronic Signature of Signing Officer/Director Detail

Date