

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000051272

**Entity Name:** RAMON PINEDA PEDIATRICS, P.A.

**Current Principal Place of Business:**

814 NORTH MAIN STREET  
KISSIMMEE, FL 34744

**Current Mailing Address:**

814 NORTH MAIN STREET  
KISSIMMEE, FL 34744

**FEI Number:** 59-3441343

**Certificate of Status Desired:** No

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

PINEDA, RAMON MD  
814 NORTH MIAMI STREET  
KISSIMMEE, FL 34744 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 PINEDA, RAMON MD  
Address 814 NORTH MAIN STREET  
City-State-Zip: KISSIMMEE FL 34744

*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:** RAMON PINEDA

**DIRECTOR**

**02/28/2014**

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

\_\_\_\_\_  
Date