

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000044056

**Entity Name:** JOSE L. CONCEPCION RAMIREZ, M.D., P.A.

**Current Principal Place of Business:**

6735 EAGLE RIDGE BLVD.  
LAKELAND, FL 33813

**Current Mailing Address:**

6735 EAGLE RIDGE BLVD.  
LAKELAND, FL 33813 US

**FEI Number: 81-2714494**

**Certificate of Status Desired: No**

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

CONCEPCION RAMIREZ, JOSE L  
6735 EAGLE RIDGE BLVD.  
LAKELAND, FL 33813 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, P  
Name            CONCEPCION RAMIREZ, JOSE L  
Address        6735 EAGLE RIDGE BLVD.  
City-State-Zip: LAKELAND FL 33813

*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 L. CONCEPCION RAMIREZ**

**DR.**

**01/09/2017**

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

\_\_\_\_\_  
Date