

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000008538

**Entity Name:** RAMON PEREZ-MARRERO, M.D., P.A.

**Current Principal Place of Business:**

5305 GULF DR  
SUITE 4  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5305 GULF DR  
SUITE 4  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 59-3235187

**Certificate of Status Desired:** No

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

PEREZ-MARRERO, RAMON AMD  
5305 GULF DR  
SUITE 4  
NEW PORT RICHEY, FL 34652 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 DR  
Name PEREZ-MARRERO, RAMON  
Address 1854 KINSMERE DR  
City-State-Zip: NEW PORT RICHEY FL 34655

Title D  
Name JAMES, RAYMOND  
Address 2739 US 19, SUITE 223  
City-State-Zip: HOLIDAY FL 34690

*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 PEREZ-MARRERO, MD

**PRESIDENT**

**04/30/2013**

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

\_\_\_\_\_  
Date