

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000045565

**Entity Name:** RAMON MOREDA, M.D., P.A.

**Current Principal Place of Business:**

5734 RIVIERA DR  
CORAL GABLES, FL 33146

**Current Mailing Address:**

PO BOX 141219  
MIAMI, FL 33114

**FEI Number:** 65-0500028

**Certificate of Status Desired:** No

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

MOREDA, RAMON M.D.  
5734 RIVIERA DR  
CORAL GABLES, FL 33146 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            MOREDA, RAMON M.D.  
Address        5734 RIVIERA DR  
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:** RAMON MOREDA MDPA

D

02/02/2021

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

\_\_\_\_\_ Date