

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000045565

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

Current Principal Place of Business:

526 MADEIRA AVENUE
CORAL GABLES, FL 33134

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.
526 MADEIRA AVE
CORAL GABLES, FL 33134 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 526 MADEIRA AVENUE
City-State-Zip: CORAL GABLES FL 33134

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

D

01/21/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date