

2015 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000056007

Entity Name: LUIS ANTONIO RAMIREZ, M.D., P.A.

Current Principal Place of Business:

7902 NW 36 ST
202
MIAMI, FL 33166

Current Mailing Address:

7902 NW 36 ST
202
MIAMI, FL 33166

FEI Number: 65-0518584

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMIREZ, LUIS A
8735 NW 149 TERR
MIAMI LAKES, FL 33018 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: LUIS ANTONIO RAMIREZ

04/30/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name RAMIREZ, LUIS A
Address 8735 N W149 TTERR
City-State-Zip: MIAMI LAKES FL 33018

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: LUIS ANTONIO RAMIREZ

MD

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date