

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000051180

**Entity Name:** RAMON SANTA MARIA, MD PA

**Current Principal Place of Business:**

4051 UPPER CREEK DR  
STE 110  
SUN CITY, FL 33573

**Current Mailing Address:**

4051 UPPER CREEK DR  
STE 110  
SUN CITY, FL 33573 US

**FEI Number:** 65-0728969

**Certificate of Status Desired:** No

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

SANTA MARIA, RAMON  
4051 UPPER CREEK DR  
STE 110  
SUN CITY, FL 33573 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            SANTA MARIA, RAMON  
Address        4051 UPPER CREEK DR STE 110  
City-State-Zip: SUN CITY FL 33573

Title            T  
Name            SANTA MARIA, THERESA  
Address        4051 UPPER CREEK DR STE 10  
City-State-Zip: SUN CITY CENTER FL 33573

*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 SANTA MARIA

**DIRECTOR**

**01/16/2014**

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

\_\_\_\_\_  
Date