

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000079128

**Entity Name:** EILEEN M. RAMSARAN, M.D., P.A.

**Current Principal Place of Business:**

1950 SOUTH OCEAN DR  
M-H  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

PO BOX 680158  
MIAMI, FL 33168

**FEI Number: 59-3467903**

**Certificate of Status Desired:** Yes

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

RAMSARAN, EILEEN MDR.  
1950 SOUTH OCEAN DRIVE  
M-H  
HALLANDALE BEACH, FL 33009 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            PSTD  
Name            RAMSARAN, EILEEN M  
Address        1950 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            VP  
Name            RAMSARAN, EILEEN M  
Address        1950 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** EILEEN M. RAMSARAN M.D.

**PRESIDENT**

**03/14/2014**

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

\_\_\_\_\_  
Date