

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000018823

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

**Current Principal Place of Business:**

45 NE 9 CT  
HOMESTEAD, FL 33030

**Current Mailing Address:**

45 NE 9 CT  
HOMESTEAD, FL 33030

**FEI Number:** 65-0829674

**Certificate of Status Desired:** No

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

MALDONADO, RAMON  
45 NE 9 CT  
HOMESTEAD, FL 33030 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 PSD  
Name MALDONADO, RAMON  
Address 45 NE 9 CT  
City-State-Zip: HOMESTEAD FL 33030

*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 MALDONADO

**PRESIDENT**

**04/29/2016**

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

\_\_\_\_\_  
Date