

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000043538

**Entity Name:** RAMON J. SANTIAGO, M.D., P.A.

**Current Principal Place of Business:**

13250 NORTH 56TH STREET  
SUITE #101  
TAMPA, FL 33617

**Current Mailing Address:**

13250 NORTH 56TH STREET  
SUITE #101  
TAMPA, FL 33617

**FEI Number:** 59-3575383

**Certificate of Status Desired:** No

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

SANTIAGO, RAMON M.D.  
17303 EQUESTRIAN TRAIL  
ODESSA, FL 33556 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 SANTIAGO, RAMON M.D.  
Address 17303 EQUESTRIAN TRAIL  
City-State-Zip: ODESSA FL 33556

*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 SANTIAGO

PTSD

04/12/2019

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

\_\_\_\_\_  
Date