

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000071860

**Entity Name:** RAMIREZ AND POULOS, M.D., P.A.

**FILED**  
**Jan 16, 2015**  
**Secretary of State**  
**CC6555340335**

**Current Principal Place of Business:**

115 W COLUMBIA ST  
SUITE E  
ORLANDO, FL 32806

**Current Mailing Address:**

115 W COLUMBIA ST  
SUITE E  
ORLANDO, FL 32806

**FEI Number: 59-3590884**

**Certificate of Status Desired: No**

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

RAMIREZ, RICARDO JM.D.  
115 W. COLUMBIA STREET  
ORLANDO, FL 32806 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            DPT  
Name            RAMIREZ, RICARDO JM.D.  
Address        115 W COLUMBIA ST  
City-State-Zip: ORLANDO FL 32806

Title            DS  
Name            POULOS, MARGARET KM.D.  
Address        115 W COLUMBIA ST  
City-State-Zip: ORLANDO FL 32806

*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: RICARDO J RAMIREZ MD**

**OWNER**

**01/16/2015**

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

\_\_\_\_\_  
Date