

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S82270

**Entity Name:** RAMON HOSPITALET, P.A.

**Current Principal Place of Business:**

7757 NW 146 ST UNIT G3  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

7757 NW 146 ST UNIT G3  
MIAMI LAKES, FL 33016 US

**FEI Number:** 65-0314082

**Certificate of Status Desired:** No

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

HOSPITALET, RAMON A.  
7757 NW 146 ST UNIT G3  
MIAMI LAKES, FL 33016 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            HOSPITALET, RAMON A.  
Address        9010 N.W. 145TH LANE  
City-State-Zip: MIAMI FL 33018

Title            D/S  
Name            HOSPITALET, REGLA  
Address        9010 N.W. 145TH LANE  
City-State-Zip: MAIMI FL 33018

Title            D/VP  
Name            HOSPITALET, RAYMOND  
Address        9010 NW 145TH LANE  
City-State-Zip: MIAMI FL 33018

*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 HOSPITALET

**PRESIDENT**

**04/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date