

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S91054

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

**Current Principal Place of Business:**

6870 CORAL WAY.  
MIAMI, FL 33155

**Current Mailing Address:**

6870 CORAY WAY.  
MIAMI, FL 33155

**FEI Number: 59-3098991**

**Certificate of Status Desired: No**

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

GUTIERREZ, RAMON  
8300 WEST FLAGLER ST.  
SUITE 113  
MIAMI, FL 33144 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	P	Title	VS
Name	GUTIERREZ, RAMON	Name	GUTIERREZ, VIVIAN
Address	6870 CORAY WAY.	Address	6870 CORAY WAY.
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

*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 GUTIERREZ MD**

**PRESIDENT**

**03/24/2013**

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

\_\_\_\_\_  
Date