

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S91054

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

**Current Principal Place of Business:**

3900 NW 79 AVE STE 500  
DORAL, FL 33166

**Current Mailing Address:**

3900 NW 79 AVE STE 500  
DORAL, FL 33166

**FEI Number:** 59-3098991

**Certificate of Status Desired:** No

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

GUTIERREZ, RAMON  
3900 NW 79 AVE #500  
DORAL, FL 33166 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  
Name GUTIERREZ, RAMON  
Address 3900 NW 79 AVE STE 500  
City-State-Zip: DORAL FL 33166

*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:** RAMÓN GUTIERREZ

**PRESIDENT**

**03/30/2016**

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

\_\_\_\_\_  
Date