

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000066670

**Entity Name:** RAMON LEON MD, LLC

**Current Principal Place of Business:**

7540 S.W. 61ST AVE.  
MIAMI, FL 33143

**Current Mailing Address:**

10035 S.W. 8TH TERRACE  
MIAMI, FL 33174

**FEI Number:** 02-0743147

**Certificate of Status Desired:** Yes

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

LEON, RAMON MD  
7540 S.W. 61ST AVE.  
MIAMI, FL 33143 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

**Authorized Person(s) Detail :**

Title MGRM  
Name LEON, RAMON MD  
Address 10035 S.W. 8TH TERRACE  
City-State-Zip: MIAMI FL 33174

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAMON LEON MD

MGRM

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date