

Abbreviated Curriculum Vitae (CV)

First Name: Ramon
Middle Name:
Last Name: Guevara
Profession: Physician, Principal Investigator
Affiliation Name: IMIC, Inc.

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City: Palmetto Bay
Postal Code: 33157
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Extension:

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Study Location Name same as above
(if different):

Address :

City:

Postal Code:

State/Region/Province:

Country:

Phone:

Extension:

Fax:

Email (if different):

EDUCATION

University	Degree	Year Completed
The University of Miami, Biology Major	BSc	1985

MEDICAL EDUCATION

University	Degree	Year Completed
Sotheastern University of Health Sciences, Miami FL	D.O.	1991
Miami Childrens Hospital, Miami FL, Residency Pediatrics	Pediatrician	1994

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PROFESSIONAL EXPERIENCE/OTHER RELATED TRAINING		
Institution	Medical Field	Year (Completed)
Key Biscayne Pediatric Associates, Key Biscayne FL	Pediatrician	ongoing

Professional License Number: OS6587
State/Region/Province: FL
Expiration Date: 03/31/2016
Research Area(s) of Interest: asthma, vaccines, constipation, GERD, pediatrics
Clinical Trial Phases: I II III IV

List your most Current Clinical Research below:

Therapeutic Area:	Type of Trial	Phase:	Completed	On-Going
Asthma	Industry	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asthma	Industry	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infant food	Industry	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Constipation	Industry	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
measles Vaccine	Industry	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
flu vaccine	Industry	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Acne	Industry	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Depression	Industry	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>

GCP Training Documentation (Course Provider/Year Completed): 5/21/2015

CITI

By signing this form, I confirm that the information provided on this Abbreviated CV is accurate and reflects my current employment and qualifications:

Signature: Ramon Guevara DO  **Date:** 12/1/2016