

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003251

**Entity Name:** EMMAUS MEDICAL MISSION, INC.

**Current Principal Place of Business:**

3601 NW 20 ST  
MIAMI, FL 33142

**Current Mailing Address:**

P.O. BOX 452305  
MIAMI, FL 33245

**FEI Number:** 64-0955341

**Certificate of Status Desired:** No

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

SILVA AND SILVA, P.A.  
236 VALENCIA AVE  
CORAL GABLES, FL 33134 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 PRESIDENT, TREASURER

Name SILVA, ORLANDO E DR.

Address 236 VALENCIA AVE

City-State-Zip: CORAL GABLES FL 33134

Title VP

Name SILVA, JORGE E

Address 236 VALENCIA AVE

City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY

Name MACHIN, ROGER

Address 236 VALENCIA AVE

City-State-Zip: CORAL GABLES FL 33134

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ORLANDO E SILVA

PRESIDENT

02/09/2019

Electronic Signature of Signing Officer/Director Detail

Date