

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 588234

**FILED**  
**Feb 15, 2024**  
**Secretary of State**  
**3076030331CC**

**Entity Name:** NEIL H. EDISON, M.D., P.A.

**Current Principal Place of Business:**

3107 STIRLING  
SUITE 103  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

3107 STIRLING  
SUITE 103  
FORT LAUDERDALE, FL 33312 US

**FEI Number:** 59-1871697

**Certificate of Status Desired:** No

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

EDISON, NEIL H M.D.  
3107 STIRLING RD  
SUITE 103  
FORT LAUDERDALE, FL 33312 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:** NEIL H. EDISON, M.D

02/15/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PVT  
Name EDISON, NEIL H. M.D. P.A  
Address 3107 STIRLING RD STE 103  
City-State-Zip: FORT LAUDERDALE FL 33312

Title D  
Name EDISON, ERIC C  
Address 3107 STIRLING RD STE 103  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** NEIL H. EDISON, MD

**OFFICER REGISTERED  
AGENT**

02/15/2024

Electronic Signature of Signing Officer/Director Detail

Date