

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 688380

**FILED**  
**Mar 16, 2024**  
**Secretary of State**  
**8922137515CC**

**Entity Name:** GUSTAVO BUSTAMANTE P.A.

**Current Principal Place of Business:**

500 S. DELANEY #402  
ORLANDO, FL 32801

**Current Mailing Address:**

500 S. DELANEY #402  
ORLANDO, FL 32801

**FEI Number:** 59-2119795

**Certificate of Status Desired:** No

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

BUSTAMANTE MARIA ELISA  
500 S. DELANEY #402  
ORLANDO, FL 32801 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 MD  
Name BUSTAMANTE, GUSTAVO MD.,PA  
Address 500 S. DELANEY #402  
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT  
Name BUSTAMANTE, MARIA ELISA  
Address 500 DELANEY AVENUE SUITE 402.  
ORLANDO, FL. 32801  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name BUSTAMANTE, EDSON GUILLERMO  
Address 500 DELANEY AVENUE SUITE 402.  
ORLANDO, FL. 32801  
City-State-Zip: ORLANDO FL 32801

Title SECRETARY/TREASURER  
Name BUSTAMANTE, DONNA NICHOLS  
Address 500 DELANEY AVENUE SUITE 402.  
ORLANDO, FL. 32801  
City-State-Zip: ORLANDO FL 32801

*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:** MARIA BUSTAMANTE

**AUTHORIZED MEMBER**

**03/16/2024**

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

\_\_\_\_\_  
Date