

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F48521

**Entity Name:** ALVAREZ & EDMISTON, M.D., P.A.

**Current Principal Place of Business:**

9536 N.E. 2ND AVE  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

9536 N.E. 2ND AVE  
MIAMI SHORES, FL 33138

**FEI Number:** 59-2127831

**Certificate of Status Desired:** No

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

EDMISTON, JAMES  
9536 N.E. 2ND AVE  
MIAMI SHORES, FL 33138 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 DP  
Name ALVAREZ, HECTOR  
Address 9536 N.E. 2ND AVE  
City-State-Zip: MIAMI SHORES FL 33138

Title D  
Name EDMISTON, JAMES  
Address 9536 N.E. 2ND AVE  
City-State-Zip: MIAMI SHORES FL 33138

*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:** JAMES EDMISTON

D

01/18/2019

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

\_\_\_\_\_  
Date