

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000125181

**Entity Name:** WILFREDO J. ALVAREZ, M.D., P.A.

**Current Principal Place of Business:**

8500 SW 92 STREET  
SUITE 204  
MIAMI, FL 33156

**Current Mailing Address:**

8500 SW 92 STREET  
SUITE 204  
MIAMI, FL 33156 US

**FEI Number:** 11-3759001

**Certificate of Status Desired:** No

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

ALVAREZ, WILFREDO JM.D.  
8500 SW 92 STREET  
SUITE 204  
MIAMI, FL 33156 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            PRES  
Name            ALVAREZ, WILFREDO JM.D.  
Address        8500 SW 92 STREET  
                  SUITE 204  
City-State-Zip: MIAMI FL 33156

*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:** WILFREDO J. ALVAREZ MD

**PRESIDENT**

**01/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date