

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000161465

**Entity Name:** AMANDA ALVAREZ, M.S., CCC-SLP, INC.

**Current Principal Place of Business:**

2103 CORAL WAY,  
SUITE 720  
MIAMI, FL 33145

**Current Mailing Address:**

2103 CORAL WAY,  
SUITE 720  
MIAMI, FL 33145 US

**FEI Number:** 54-2190529

**Certificate of Status Desired:** No

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

ALVAREZ, AMANDA  
3460 SHERIDAN AVENUE  
MIAMI BEACH, FL 33140 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 SLP  
Name ALVAREZ, AMANDA  
Address 3460 SHERIDAN AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

*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:** AMANDA ALVAREZ

**PRESIDENT**

**03/25/2021**

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

\_\_\_\_\_  
Date