

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000017004

**Entity Name:** ESTEVEZ THERAPEUTIC SERVICES CORP

**Current Principal Place of Business:**

12257 SW 10TH LN  
MIAMI, FL 33184

**Current Mailing Address:**

12257 SW 10TH LN  
MIAMI, FL 33184 US

**FEI Number:** 92-2711693

**Certificate of Status Desired:** No

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

ESTEVEZ, EDNEI  
12257 SW 10TH LN  
MIAMI, FL 33184 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 P  
Name ESTEVEZ, EDNEI  
Address 12257 SW 10TH LN  
City-State-Zip: MIAMI FL 33184

*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:** EDNEI ESTEVEZ

**OWNER**

**01/28/2024**

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

\_\_\_\_\_  
Date