

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074505

Entity Name: EDELSTEIN & BUSTAMANTE, MDS, P.A.**Current Principal Place of Business:**20814 WEST DIXIE HIGHWAY
AVENTURA, FL 33180**Current Mailing Address:**20814 WEST DIXIE HIGHWAY
AVENTURA, FL 33180 US**FEI Number:** 65-0525731**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIL, GRIZEL
132 MINORCA AVE
CORAL GABLES, FL 33134 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	DPT
Name	EDELSTEIN, SIMON M
Address	3201 NE 183 STREET #1707
City-State-Zip:	AVENTURA FL 33160

Title	DV
Name	BUSTAMANTE, CARLOS
Address	1925 BRICKELL AVE. APT. D-712
City-State-Zip:	MIAMI FL 33129

Title	S
Name	EDELSTEIN, BEILE
Address	3201 NE 183 STREET #1707
City-State-Zip:	AVENTURA FL 33160

Title	DV
Name	KASWAN, DANIEL
Address	3341 NORTH HILLS DRIVE
City-State-Zip:	HOLLYWOOD FL 33021

Title	DV
Name	RIVERO, ANDRES
Address	3096 INDIANA STREET
City-State-Zip:	MIAMI FL 33133

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: BEILE EDELSTEIN**S****01/24/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date