2019 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

## Officer/Director Detail :

| Title | DPT | Title | DV |
| :--- | :--- | :--- | :--- |
| Name | EDELSTEIN, SIMON M | Name | BUSTAMANTE, CARLOS |
| Address | 3201 NE 183 STREET \#1707 | Address | 1925 BRICKELL AVE. APT. D-712 |
| City-State-Zip: | AVENTURA FL 33160 | City-State-Zip: | MIAMI FL 33129 |
| Title | S | Title | DV |
| Name | EDELSTEIN, BEILE | Name | KASWAN, DANIEL |
| Address | 3201 NE 183 STREET \#1707 | Address | 3341 NORTH HILLS DRIVE |
| City-State-Zip: | AVENTURA FL 33160 | City-State-Zip: | HOLLYWOOD FL 33021 |

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[^0]:    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.

