

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M05906

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** EDWARD SUAREZ, M.D., P.A.

**Current Principal Place of Business:**

11120 N KENDALL DRIVE, #101  
MIAMI, FL 33176

**New Principal Place of Business:**

11120 N KENDALL DRIVE  
SUITE # 101  
MIAMI, FL 33176

**Current Mailing Address:**

11120 N KENDALL DRIVE, #101  
MIAMI, FL 33176

**New Mailing Address:**

11120 N KENDALL DRIVE  
SUITE 101  
MIAMI, FL 33176

**FEI Number:** 59-2460469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SUAREZ, EDWARD MD  
11938 S.W. 72ND TERRACE  
MIAMI, FL 33183 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SUAREZ, EDWARD, M.D.  
Address: 11938 S.W. 72ND TERRACE  
City-St-Zip: MIAMI, FL

Title: D  
Name: SUAREZ, AMANDA C.  
Address: 11938 S.W. 72ND TERRACE  
City-St-Zip: MIAMI, FL

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: EDWARD SUAREZ

DP

04/29/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date