

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M05906

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

**Current Principal Place of Business:**

11120 N KENDALL DRIVE  
SUITE # 101  
MIAMI, FL 33176

**Current Mailing Address:**

11120 N KENDALL DRIVE  
SUITE # 101  
MIAMI, FL 33176

**FEI Number:** 59-2460469

**Certificate of Status Desired:** No

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

SUAREZ, EDWARD MD  
11938 S.W. 72ND TERRACE  
MIAMI, FL 33183 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           | DP                      | Title           | D                       |
| Name            | SUAREZ, EDWARD, M.D.    | Name            | SUAREZ, AMANDA          |
| Address         | 11938 S.W. 72ND TERRACE | Address         | 11938 S.W. 72ND TERRACE |
| City-State-Zip: | MIAMI FL                | City-State-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

**PRESIDENT**

**02/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date