

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M05906

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

**Current Principal Place of Business:**

11120N KENDALL DRIVE  
SUITE # 101  
MIAMI, FL 33176

**Current Mailing Address:**

11120N 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

04/11/2020

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

\_\_\_\_\_  
Date