

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000108562

Entity Name: ALVAREZ THERAPEUTIC CENTER, INC.

Current Principal Place of Business:

175 FOUNTAINEBLEU BLVD SUITE 2-G9
MIAMI, FL 33172

Current Mailing Address:

175 FOUNTAINEBLEU BLVD SUITE 2-G9
MIAMI, FL 33172 US

FEI Number: 20-3268706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVAREZ, ODALYS
175 FOUNTAINEBLEU BLVD SUITE 2-G9
MIAMI, FL 33172 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: ODALYS ALVAREZ

04/29/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PT
Name ALVAREZ, ODALYS
Address 175 FOUNTAINEBLEU BLVD SUITE 2-G9
City-State-Zip: MIAMI FL 33172

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: ODALYS ALVAREZ

PRESIDENT

04/29/2025

Electronic Signature of Signing Officer/Director Detail

Date