

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000108562

Entity Name: ALVAREZ THERAPEUTIC CENTER, INC.

Current Principal Place of Business:

7392 NW 35 TERRACE
306
MIAMI, FL 33122

Current Mailing Address:

7392 NW 35 TERRACE
306
MIAMI, FL 33122

FEI Number: 20-3268706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVAREZ, ODALYS
17821 NW 79 AVE
MIAMI, FL 33015 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 PT
Name ALVAREZ, ODALYS
Address 17821 NW 79 AVE
City-State-Zip: MIAMI FL 33015

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

PR

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date