

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000071221

**Entity Name:** RUDOLPH EBERWEIN M.D., P.A

**Current Principal Place of Business:**

9655 S. DIXIE HWY  
#310  
PINECREST, FL 33156

**Current Mailing Address:**

9655 S. DIXIE HWY  
#310  
PINECREST, FL 33156 US

**FEI Number:** 26-2263218

**Certificate of Status Desired:** No

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

EBERWEIN, KEISHA M  
1411 AGUA AVE  
CORAL GABLES, FL 33156 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 EBERWEIN, RUDOLPH  
Address 1411 AGUA AVE  
City-State-Zip: CORAL GABLES FL 33156

Title VS  
Name EBERWEIN, KEISHA  
Address 1411 AGUA AVE  
City-State-Zip: CORAL GABLES FL 33156

*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:** KEISHA EBERWEIN

VP

04/01/2024

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

\_\_\_\_\_  
Date