

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000031815

Entity Name: CARLOS H SILVA M.D. P.A.**Current Principal Place of Business:**9271 EQUUS CIRCLE
BOYNTON BEACH, FL 33472**Current Mailing Address:**9271 EQUUS CIRCLE
BOYNTON BEACH, FL 33472 US**FEI Number:** 46-5347869**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SILVA, CARLOS H
9271 EQUUS CIRCLE
BOYNTON BEACH, FL 33472 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	PRESIDENT
Name	SILVA, CARLOS H
Address	9271 EQUUS CIRCLE
City-State-Zip:	BOYNTON BEACH FL 33472

Title	CFO
Name	SILVA, SYLVIO R
Address	11230 SAVANNAH LANDING CIR
City-State-Zip:	ORLANDO FL 32832

Title	VP
Name	SILVA, JAIME LYNN
Address	9271 EQUUS CIRCLE
City-State-Zip:	BOYNTON BEACH FL 33472

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: CARLOS H SILVA MD PA

PRESIDENT

04/16/2022

Electronic Signature of Signing Officer/Director Detail_____
Date