

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000031815

**Entity Name:** CARLOS H SILVA M.D. P.A.

**Current Principal Place of Business:**

5959 P.W.A. DRIVE  
CUMMING, GA 30041

**Current Mailing Address:**

5959 P.W.A. DRIVE  
CUMMING, GA 30041 US

**FEI Number:** 46-5347869

**Certificate of Status Desired:** No

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

SILVA, CARLOS H  
7750 SW 117TH AVE  
SUITE 203  
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            PRESIDENT  
Name            SILVA, CARLOS H  
Address        5959 P.W.A.DRIVE  
City-State-Zip: CUMMING GA 30041

Title            VP  
Name            SILVA, JAIME LYNN  
Address        5959 P.W.A. DRIVE  
City-State-Zip: CUMMING GA 30041

*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

**PRESIDENT**

**03/17/2025**

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

\_\_\_\_\_  
Date