

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000042561

**Entity Name:** EDWIN M. MELENDEZ, M.D., P.A.

**Current Principal Place of Business:**

2509 WEST CREST AVE  
TAMPA, FL 33614

**Current Mailing Address:**

2509 WEST CREST AVE  
TAMPA, FL 33614

**FEI Number:** 59-3251533

**Certificate of Status Desired:** No

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

MELENDEZ, EDWIN MMD  
2509 WEST CREST AVE  
TAMPA, FL 33614 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	PVD	Title	TS
Name	MELENDEZ, EDWIN M	Name	MELENDEZ, CARMEN M
Address	2509 WEST CREST AVE	Address	2509 WEST CREST AVE
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614

*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:** EDWIN M MELENDEZ MD

**PRESIDENT**

**01/19/2020**

Electronic Signature of Signing Officer/Director Detail

Date