

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000055132

**Entity Name:** JAVIER FLORES, M.D., P.A.

**Current Principal Place of Business:**

6705 SW 57TH AVE SUITE 400  
MIAMI, FL 33143

**Current Mailing Address:**

6705 SW 57 AVE  
400  
SOUTH MIAMI, FL 33146 US

**FEI Number:** 65-0929198

**Certificate of Status Desired:** No

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

FLORES, JAVIER  
1535 SUNSET RD  
CORAL GABLES, FL 33143 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 PSTD  
Name FLORES, JAVIER  
Address 1535 SUNSET ROAD  
City-State-Zip: CORAL GABLES FL 33143

*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:** FLORES , JAVIER

PSTD

04/21/2021

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

\_\_\_\_\_ Date