2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

DOCUMENT# P04000042608

Entity Name: COMPLETE CARE CENTER OF MIAMI, INC.

Current Principal Place of Business:

1301 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

1301 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 51-0500944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENDOZA, LIZ BETH
1301 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PSTD
Name: MENDOZA, LIZBETH
Address: 3620 NW 16 TERR
City-St-Zip: MIAMI, FL 33125 US

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: LIZBETH MENDOZA P 04/04/2011

Electronic Signature of Signing Officer or Director Date