

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000039459

FILED
May 11, 2012
Secretary of State

Entity Name: COMPLETE THERAPY CENTER, INC.

Current Principal Place of Business:

352 NW 27 AVE.
MIAMI, FL 33125 US

New Principal Place of Business:

Current Mailing Address:

352 NW 27 AVE.
MIAMI, FL 33125 US

New Mailing Address:

FEI Number: 26-4794598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, EMERSON
352 NW 27 AVE.
MIAMI, FL 33125 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: PVT
Name: RUIZ, EMERSON
Address: 352 NW 27 AVE
City-St-Zip: MIAMI, FL 33125

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: EMERSON RUIZ

PVT

05/11/2012

Electronic Signature of Signing Officer or Director

Date