

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000084315

FILED
Apr 27, 2011
Secretary of State

Entity Name: COMPLETE MEDICAL & WELLNESS CENTER INC

Current Principal Place of Business:

42 NW 27 AVE
SUITE 415
MIAMI, FL 33125 US

New Principal Place of Business:

Current Mailing Address:

42 NW 27 AVE
SUITE 415
MIAMI, FL 33125 US

New Mailing Address:

FEI Number: 27-1126804 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARBOLAEZ, LIUBA
2600 NW 25 AVE
1409
MIAMI, FL 33142 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: P
Name: ARBOLAEZ, LIUBA
Address: 2600 NW 25 AVE APT1409
City-St-Zip: MIAMI, FL 33142

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: LIUBA ARBOLAEZ

P

04/27/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date