2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

DOCUMENT# P97000013480

Entity Name: COMPLETE LOCAL SPECIALTY CARE INC.

Current Principal Place of Business:

1770 E. HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

4855 W. HILLSBORO BLVD. SUITE B-2
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 65-0732158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAY, CHANTAL
4914 N.W. 120TH AVENUE
CORAL SPRINGS, FL 33076 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: PS
Name: BRAY, CHANTAL
Address: 4914 NW 120TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: V
Name: BOURQUE, LISE
Address: 106 NE 2ND ST
City-St-Zip: BOCA RATON, FL 33432

Title: D
Name: BOURQUE, JEAN CLAUDE
Address: 106 NE 2ND STREET
City-St-Zip: BOCA RATON, FL 33432

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: CHANTAL BRAY PR 04/02/2012

Electronic Signature of Signing Officer or Director Date