

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000042283

FILED  
Jan 30, 2011  
Secretary of State

**Entity Name:** HOLISTIC MEDICAL INSTITUTE INC

**Current Principal Place of Business:**

5040 NW 7TH ST STE # 632  
MIAMI, FL 33126

**New Principal Place of Business:**

5040 NW 7TH ST  
SUITE 300  
MIAMI, FL 33126

**Current Mailing Address:**

5040 NW 7TH ST  
SUITE # 632  
MIAMI, FL 33126

**New Mailing Address:**

5040 NW 7TH ST  
SUITE # 300  
MIAMI, FL 33126

**FEI Number:** 20-8798704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VALETON, ROXANA  
8027 NW 8 ST  
APT #2  
MIAMI, FL 33126 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: PRES  
Name: VALETON, ROXANA  
Address: 8027 NW 8 ST APT 2  
City-St-Zip: MIAMI, FL 33126

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: ROXANA VALETON

PRES

01/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date