

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K97771

FILED
Feb 15, 2012
Secretary of State

Entity Name: CENTER FOR MANUAL MEDICINE, INC.

Current Principal Place of Business:

3300 NE 171 STREET
N MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

3300 NE 171 STREET
N MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 65-0138576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANNI, SILVIA
3300 NE 171 STREET
NORTH MIAMI BEACH, FL 33160 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: PV
Name: VANNI, STEVEN
Address: 3300 NE 171 STREET
City-St-Zip: N MIAMI BEACH, FL 33160 US

Title: ST
Name: VANNI, STEVEN
Address: 3300 NE 171 STREET
City-St-Zip: N MIAMI BEACH, FL 33160 US

Title: D
Name: VANNI, SILVIA D
Address: 3300 NE 171 STREET
City-St-Zip: N MIAMI BEACH, FL 33160 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: SILVIA DOMINGUEZ VANNI

DIR

02/15/2012

Electronic Signature of Signing Officer or Director

Date