

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116205

Entity Name: PLANT CLINIC INC.

Current Principal Place of Business:

6950 SW 40TH STREET
MIAMI, FL 33155

Current Mailing Address:

6950 SW 40TH STREET
MIAMI, FL 33155 US

FEI Number: 01-0554257

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMOS, BERTILA
6950 SW 40TH STREET
MIAMI, FL 33155 US

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

Officer/Director Detail :

Title PSTD
Name RAMOS, BERTILA
Address 12800 SW 20TH TERRACE
City-State-Zip: MIAMI FL 33175

Title VP
Name VALDES, MILDREY T
Address 12270 SW 45 STREET
City-State-Zip: MIAMI FL 33175

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: BERTILA RAMOS

PRESIDENT

03/31/2014

Electronic Signature of Signing Officer/Director Detail

Date