

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000042283

**Entity Name:** HOLISTIC MEDICAL INSTITUTE INC

**Current Principal Place of Business:**

6445 SW 8 ST  
MIAMI, FL 33144

**Current Mailing Address:**

6445 SW 8 ST  
MIAMI, FL 33144 US

**FEI Number: 20-8798704**

**Certificate of Status Desired: No**

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

CRUZ, ROLANDO  
6445 SW 8 ST  
MIAMI, FL 33144 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 P  
Name ROLANDO, CRUZ  
Address 6445 SW 8 ST  
City-State-Zip: MIAMI FL 33144

*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: ROLANDO CRUZ**

**PRESIDENT**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date