

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000042283

**Entity Name:** HOLISTIC MEDICAL INSTITUTE INC

**Current Principal Place of Business:**

5040 NW 7TH ST  
SUITE 300  
MIAMI, FL 33126

**Current Mailing Address:**

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

**FEI Number:** 20-8798704

**Certificate of Status Desired:** No

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

VALETON, ROXANA  
5040 NW 7 ST  
SUITE 300  
MIAMI, FL 33126 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            PRES  
Name            VALETON, ROXANA  
Address        5040 NW 7 ST  
                 SUITE 300  
City-State-Zip: MIAMI FL 33126

Title            CEO  
Name            ROLANDO, CRUZ  
Address        1622 SW 154 CT  
City-State-Zip: MIAMI FL 33185

*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

**PRESIDENT**

**05/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date