

2014 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

02/17/2014

Electronic Signature of Signing Officer/Director Detail

Date