

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