

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000092035

Entity Name: MAXIMA MEDICAL BILLING AND MASSAGE THERAPY, INC.

Current Principal Place of Business:

100 NE 6TH AVENUE
#809
HOMESTEAD, FL 33030

Current Mailing Address:

100 NE 6TH AVENUE
#809
HOMESTEAD, FL 33030

FEI Number: 27-3958438

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, YOELVYS
100 NE 6TH AVENUE
#809
HOMESTEAD, FL 33030 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 LOPEZ, YOELVYS
Address 100 NE 6TH AVENUE
#809
City-State-Zip: HOMESTEAD FL 33030

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: YOELVYS LOPEZ

OWNER

04/03/2013

Electronic Signature of Signing Officer/Director Detail

Date