

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000001870

Entity Name: WHOLEHEALTH MIAMI INC

Current Principal Place of Business:

9449 BAY DRIVE
SURFSIDE, FL 33154

Current Mailing Address:

9449 BAY DRIVE
SURFSIDE, FL 33154 US

FEI Number: 45-4234674

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOFFLER, KAREN M.D.
9449 BAY DRIVE
SURFSIDE, FL 33154 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 KAREN, KOFFLER M.D.
Address 9449 BAY DRIVE
City-State-Zip: SURFSIDE FL 33154

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: KAREN KOFFLER

MD

08/27/2015

Electronic Signature of Signing Officer/Director Detail

Date