

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000083531

Entity Name: COMPLETE CARE MEDICAL CENTER, INC.

Current Principal Place of Business:

189 N. STATE ROAD 7
PLANTATION, FL 33317

Current Mailing Address:

189 N. STATE ROAD 7
PLANTATION, FL 33317 US

FEI Number: 46-4021443

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEWBERG, CHRISTINA D
189 N. STATE ROAD 7
PLANTATION, FL 33317 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 AUTHORIZE REPRESENTATIVE
Name NEWBERG, CHRISTINA
Address 189 N. STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

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: CHRISTINA NEWBERG

**AUTHORIZE
REPRESTATIVE**

02/04/2015

Electronic Signature of Signing Officer/Director Detail

Date