

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000024682

**Entity Name:** FISIO&QUALITY MIAMI INC.

**Current Principal Place of Business:**

220 MIRACLE MILE  
# 209  
CORAL GABLES, FL 33134

**Current Mailing Address:**

220 MIRACLE MILE  
# 209  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-5157318

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEPRE, JULIETA S MRS.  
220 MIRACLE MILE  
# 209  
CORAL GABLES, FL 33134 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 BERTOLINO, GUSTAVO H MR.  
Address 170 OCEAN LANE DR #912  
City-State-Zip: KEY BISCAYNE, FL 33149

Title VP  
Name SOUZA, RENATO F MR  
Address 170 OCEAN LANE DR #912  
City-State-Zip: KEY BISCAYNE FL 33149

Title VP  
Name NAGAI, JULIANA MRS.  
Address 170 OCEAN LANE DR #912  
City-State-Zip: KEY BISCAYNE FL 33149

Title VP  
Name LEPRE, JULIETA S MRS.  
Address 2333 BRICKELL AVE #1906  
City-State-Zip: MIAMI FL 33129

*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:** GUSTAVO BERTOLINO

**PRESIDENT**

**02/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date