**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 07, 2015**
**Secretary of State**
**CC2922663033**

DOCUMENT# P14000025848

**Entity Name:** RIVERO CLINIC INC.

**Current Principal Place of Business:**

8906 SW 5 LN
MIAMI, FL 33174

**Current Mailing Address:**

8906 SW 5 LN
MIAMI, FL 33174

**FEI Number: 46-5334971**

**Certificate of Status Desired:** No

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

RIVERO, ORLANDO L
8906 SW 5 LN
MIAMI, FL 33174 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 | RIVERO, ORLANDO L |
| Address | 8906 SW 5 LN |
| City-State-Zip: | MIAMI FL 33174 |

*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: ORLANDO RIVERO PRESIDENT 04/07/2015

Electronic Signature of Signing Officer/Director Detail — Date