

2015 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000042714

Entity Name: COMPLETE HEALTH MANAGEMENT CORPORATION

Current Principal Place of Business:

14331 SW 22ND STREET
MIAMI, FL 33175

Current Mailing Address:

POST OFFICE BOX 557846
MIAMI, FL 33255

FEI Number: 65-0592871

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, LINETTE
14331 SW 22 STREET
MIAMI, FL 33175 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: LINETTE LOPEZ PORTUGUES

12/02/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PORTUGUES, ANTHONY
Address 14331 SW 22ND STREET
City-State-Zip: MIAMI FL 33175

Title VT
Name LOPEZ PORTUGUES, LINETTE
Address 14331 SW 22ND STREET
City-State-Zip: MIAMI FL 33175

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: ANTHONY PORTUGUES

VT

12/02/2015

Electronic Signature of Signing Officer/Director Detail

Date