

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000093195

**Entity Name:** CAMELOT HEALTHCARE MANAGEMENT, INC.

**Current Principal Place of Business:**

4656 SW 74 AVE  
MIAMI, FL 33155

**Current Mailing Address:**

4656 SW 74 AVE  
MIAMI, FL 33155

**FEI Number:** 65-0885369

**Certificate of Status Desired:** No

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

GOSS, PHILIP EJR  
1172 S DIXIE HWY.  
SUITE 188  
CORAL GABLES, FL 33146 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           | D                   | Title           | VP                           |
| Name            | ARCIERO, ANGEL      | Name            | ECHEZARRETA ARCIERO, MIRNA N |
| Address         | 4656 SW 74TH AVENUE | Address         | 4656 SW 74 AVENUE            |
| City-State-Zip: | MIAMI FL 33155      | City-State-Zip: | MIAMI FL 33155               |

*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:** ANGEL ARCIERO

**PRESIDENT**

**02/24/2015**

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

\_\_\_\_\_  
Date