

2013 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
Name ARCIERO, ANGEL
Address 4656 SW 74TH AVENUE
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

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date