

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 533873

FILED
Feb 18, 2011
Secretary of State

Entity Name: HOSHINO THERAPY CLINIC OF MIAMI, INC.

Current Principal Place of Business:

430 SOUTH DIXIE HWY.
SUITE #211
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

430 SOUTH DIXIE HWY.
SUITE #211
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 59-1758730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOCICA, DEIRDRE C
4255 MERIDIAN AVE.
MIAMI BCH., FL 33140 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PC
Name: KOCICA, BODHI F MR.
Address: 4255 MERIDIAN AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: DS
Name: KOCICA, DEIRDRE C MS
Address: 4255 MERIDIAN AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD
Name: KOCICA, PATRICK F MR.
Address: 4255 MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33140

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: DEIRDRE C KOCICA

DS

02/18/2011

Electronic Signature of Signing Officer or Director

Date