

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005402

Entity Name: ANATOMIE CORPORATION

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

600 NE 36TH ST #1603  
MIAMI, FL 33137

**New Principal Place of Business:**

3300 NW 41ST STREET C-2  
MIAMI, FL 33142

**Current Mailing Address:**

600 NE 36TH ST #1623  
MIAMI, FL 33137

**New Mailing Address:**

3300 NW 41ST STREET C-2  
MIAMI, FL 33142

FEI Number: 13-4292662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BOYER, KATALIN  
600 NE 36TH ST #1623  
MIAMI, FL 33137 US

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

BOYER, KATALIN  
3300 NW 41ST STREET C-2  
MIAMI, FL 33142 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: KATALIN BOYER

01/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOYER, KATALIN  
Address: 3300 NW 41ST STREET 2-C  
City-St-Zip: MIAMI, FL 33142

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: KATALIN BOYER

PRES

01/10/2012

Electronic Signature of Signing Officer or Director

Date