

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K09181

FILED
Mar 21, 2009
Secretary of State

Entity Name: MIAMI FLUENCY CLINIC, INC.

Current Principal Place of Business:

12515 ORANGE DRIVE
SUITE 809
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

12515 ORANGE DRIVE
SUITE 809
DAVIE, FL 33330

New Mailing Address:

FEI Number: 65-0182751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORANTE, THOMAS F
601 BRICKELL KEY DRIVE
SUITE 500
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPLITTER, MARIANNE
Address: 3120 PADDOCK ROAD
City-St-Zip: FT. LAUDERDALE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIANNE SPLITTER

MS

03/21/2009

Electronic Signature of Signing Officer or Director

Date