2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# K09181

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
701 BRICKELL AVENUE
SUITE 3000
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

OFFICERS AND DIRECTORS:

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

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: MARIANNE SPLITTER MS 01/04/2011

Electronic Signature of Signing Officer or Director — Date