

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K09181

FILED
Jan 12, 2012
Secretary of State

Entity Name: MIAMI FLUENCY CLINIC, INC.

Current Principal Place of Business:

12515 ORANGE DRIVE
SUITE 812
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

12515 ORANGE DRIVE
SUITE 812
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: MS
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

01/12/2012

Electronic Signature of Signing Officer or Director

Date