2012 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

DOCUMENT# P00000070877

Entity Name: MAX-MED CLINIC, INC.

FILED Apr 25, 2012 Secretary of State

Date

Current Principal Place of Business:	New Principal Place of Business:
3894 W. FLAGLER ST. MIAMI, FL 33134	2698 SW 87 AVE. MIAMI, FL 33165
Current Mailing Address:	New Mailing Address:
3894 W. FLAGLER ST. MIAMI, FL 33134 US	2698 SW 87 AVE. MIAMI, FL 33165
FEI Number: 65-1026574 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
ESPARZA, NORMA A 2452 SW 138 CT MIAMI, FL 33175 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.	

OFFICERS AND DIRECTORS:

Title: PSD

SIGNATURE:

 Name:
 ESPARZA, NORMA A

 Address:
 2452 SW 138 CT.

 City-St-Zip:
 MIAMI, FL 33175 US

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: NORMA A. ESPARZA PSD 04/25/2012