## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063330

**Entity Name:** ALTHIVA MEDICAL OFF. INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8150 SW. 8 ST. 8150 SW. 8 ST. SUITE 218 SUITE 220 MIAMI, FL 33144 MIAMI, FL 33144

Current Mailing Address: New Mailing Address:

8150 SW. 8 ST. 8150 SW. 8 ST. SUITE 218 SUITE 220 MIAMI, FL 33144 MIAMI, FL 33144

FEI Number: 65-1116402 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:

ACOSTA, MANUEL C
8150 SW. 8 ST.
8UITE 220
MIAMI, FL 33144 US

ZABALA, ARMANDO
8150 SW. 8 ST.
8UITE 220
MIAMI, FL 33144 US

MIAMI, FL 33144 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: BUSINESSACCTPROF@YAHOO,COM 04/22/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: OWNR (X) Change ( ) Addition Name: ACOSTA, MANUEL C Name: ZAVALA, ARMANDO

Address: 8150 SW. 8 ST. SUITE 220 Address: 8150 SW. 8 ST. SUITE 220

City-St-Zip: MIAMI, FL 33144 City-St-Zip: MIAMI, FL 33144

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: ARMANDO ZABALA OWNR 04/22/2009