2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000108562

MIAMI, FL 33015

City-St-Zip:

Entity Name: ALVAREZ THERAPEUTIC CENTER, INC.

FILED Jan 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7393 NW 35 TERRACE - STE. 306 7392 NW 35 TERRACE MIAMI, FL 33122 306 MIAMI, FL 33122 **Current Mailing Address: New Mailing Address:** 7393 NW 35 TERRACE - STE. 306 7392 NW 35 TERRACE MIAMI, FL 33122 306 MIAMI, FL 33122 FEI Number: 20-3268706 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: ALVAREZ, ODALYS 17821 NW 79 AVE MIAMI, FL 33015 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ALVAREZ, ODALYS Name: Name: 17821 NW 79 AVE Address: Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: Title: ٧S Title: () Change () Addition () Delete ALVAREZ, ERNESTO Name: Name: 17821 NW 79 AVE Address: 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: ODALYS ALVAREZ PRES 01/19/2008