2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2011
Secretary of State

DOCUMENT# P05000108562

Entity Name: ALVAREZ THERAPEUTIC CENTER, INC.

Current Principal Place of Business:

7392 NW 35 TERRACE
306
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

7392 NW 35 TERRACE
306
MIAMI, FL 33122

New Mailing Address:

FEI Number: 20-3268706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, ODALYS
17821 NW 79 AVE
MIAMI, FL 33015 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: PT
Name: ALVAREZ, ODALYS
Address: 17821 NW 79 AVE
City-St-Zip: MIAMI, FL 33015

Title: VS
Name: ALVAREZ, ERNESTO
Address: 17821 NW 79 AVE
City-St-Zip: MIAMI, FL 33015

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: ODALYS ALVAREZ PRE 03/09/2011

Electronic Signature of Signing Officer or Director Date