

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000042283

FILED
Jan 30, 2011
Secretary of State

Entity Name: HOLISTIC MEDICAL INSTITUTE INC

Current Principal Place of Business:

5040 NW 7TH ST STE # 632
MIAMI, FL 33126

New Principal Place of Business:

5040 NW 7TH ST
SUITE 300
MIAMI, FL 33126

Current Mailing Address:

5040 NW 7TH ST
SUITE # 632
MIAMI, FL 33126

New Mailing Address:

5040 NW 7TH ST
SUITE # 300
MIAMI, FL 33126

FEI Number: 20-8798704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VALETON, ROXANA
8027 NW 8 ST
APT #2
MIAMI, FL 33126 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: PRES
Name: VALETON, ROXANA
Address: 8027 NW 8 ST APT 2
City-St-Zip: MIAMI, FL 33126

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: ROXANA VALETON

PRES

01/30/2011

Electronic Signature of Signing Officer or Director

Date