2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000044568

Title:

Name: Address:

City-St-Zip:

Entity Name: MAX HEALTH CENTER INC

LOMBANA, MELISSA R

1900 SW 126 CT MIAMI, FL 33175 FILED Feb 09, 2011 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
14225 SW 4 MIAMI, FL 3					
Current Mailing Address:			New Mailing Address:		
14225 SW 4 MIAMI, FL 3					
FEI Number: 2	26-2018696	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
VIDAL-ZAS 1900 S. W 1 MIAMI, FL 3	126 CT				
The above r		bmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E:				
	Electronic	: Signature of Registered Age	nt	Date	
OFFICERS	AND DIRECT	ORS:			
Title: Name: Address: City-St-Zip:	P VIDAL-ZAS, ALIC 1900 SW 126TH MIAMI, FL 33175	СТ			

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: ALICIA R. VIDAL-ZAS. P 02/09/2011