

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083050

FILED
Apr 02, 2009
Secretary of State

Entity Name: BISCAYNE WELLNESS MEDICAL INSTITUTE, INC

Current Principal Place of Business:

13899 BISCAYNE BLVD
155-56
NORTH MIAMI BEACH, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

6750 SW 20 CT
MIRAMAR, FL 33023 US

New Mailing Address:

FEI Number: 26-3162022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DESIR, KITTLY
7600 EMBASSY BLVD
MIRAMAR, FL 33023 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAZILE, MANOTTE
Address: 6750 SW 20CT
City-St-Zip: MIRAMAR, FL 33023 US

Title: VP () Delete
Name: DOSSOUS, MARIE C
Address: 6750 SW 20 CT
City-St-Zip: MIRAMAR, FL 33023 US

Title: VP () Delete
Name: DESIR, KITTLY
Address: 7600 EMBASSY BLVD
City-St-Zip: MIRAMAR, FL 33023 US

Title: S () Delete
Name: JEAN, CARLINE
Address: 6750 SW 20 CT
City-St-Zip: MIRAMAR, FL 33023 US

Title: T (X) Delete
Name: DESIR, JEAN P
Address: 7600 EMBASSY BLVD
City-St-Zip: MIRAMAR, FL 33023 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DESIR, JEAN P
Address: 7600 EMBASSY BLVD
City-St-Zip: MIRAMAR, FL 33023 US

Title: () Change () Addition
Name:
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: MANOTTE BAZILE

P

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date