

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092632

FILED
Apr 29, 2012
Secretary of State

Entity Name: COMPLETE PATIENT CARE, INC.

Current Principal Place of Business:

3650 FOREST HILL BLVD., #3
W. PALM BCH, FL 33406

New Principal Place of Business:

3650 FOREST HILL BLVD., #3
WEST PALM BEACH, FL 33406

Current Mailing Address:

3650 FOREST HILL BLVD., #3
W. PALM BCH, FL 33406

New Mailing Address:

3650 FOREST HILL BLVD., #3
WEST PALM BEACH, FL 33406

FEI Number: 26-3558080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT THOMAS
3650 FOREST HILL BLVD
3
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

SCOTT THOMAS
3650 FOREST HILL BLVD
3
WEST PALM BEACH, FL 33406 US

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

04/29/2012

Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: THOMAS, SCOTT
Address: 3650 FOREST HILL BLVD., #3
City-St-Zip: WEST PALM BEACH, FL 33406

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: SCOTT THOMAS

Electronic Signature of Signing Officer or Director

PSTD

04/29/2012

Date