

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000033440

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** VIOMAR HEALTH CENTER INC

**Current Principal Place of Business:**

1800 SW 1 ST - SUITE 318  
MIAMI, FL 33135

**New Principal Place of Business:**

1800 SW 1 ST  
STE, 318  
MIAMI, FL 33135

**Current Mailing Address:**

1800 SW 1 ST - SUITE 318  
MIAMI, FL 33135

**New Mailing Address:**

1800 SW 1 ST  
STE, 318  
MIAMI, FL 33135

**FEI Number:** 26-4682122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, CARLOS C  
1800 SW 1 ST - SUITE 318  
MIAMI, FL 33135 US

**Name and Address of New Registered Agent:**

DOMINGUEZ, ROBERTO  
1800 SW 1 ST  
STE, 318  
MIAMI, FL 33135 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:** ROBERTO DOMINGUEZ

03/02/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CONCALVES, ANA H  
**Address:** 1800 SW 1 ST, STE 318  
**City-St-Zip:** MIAMI, FL 33135

**Title:** S  
**Name:** DOMINGUEZ, ROBERTO  
**Address:** 12740 SW 20 ST  
**City-St-Zip:** MIAMI, FL 33175

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:** ANA H. CONCALVES

P

03/02/2010

Electronic Signature of Signing Officer or Director

Date