2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2011
Secretary of State

DOCUMENT# P10000094042

Entity Name: COMPLETE CHIROPRACTIC HEALTH CENTER OF FLORIDA, INC.

Current Principal Place of Business:

6237 A SUNSET DRIVE
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

9803 SW 93 TERR.
MIAMI, FL 33176

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPH-ALVAREZ, KIMBERLY DR.
9803 SW 93 TERR.
MIAMI, FL 33176 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: DR
Name: JOSEPH-ALVAREZ, KIMBERLY
Address: 9803 SW 93 TERR.
City-St-Zip: MIAMI, FL 33176

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: KIMBERLY JOSEPH-ALVAREZ DR. 03/06/2011

Electronic Signature of Signing Officer or Director — Date