

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000001944

FILED  
Apr 29, 2012  
Secretary of State

Entity Name: ALPHA OMEGA HOLISTIC MEDICINE CORP.

## Current Principal Place of Business:

8900 COLLINS AVE  
#404  
SURFSIDE, FL 33154

## New Principal Place of Business:

12864 BISCAYNE BLVD  
#162  
NORTH MIAMI, FL 33181

## Current Mailing Address:

12864 BISCAYNE BLVD  
#162  
NORTH MIAMI, FL 33181

## New Mailing Address:

FEI Number: 27-4483981      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RHODIS, FRANCES MS.  
8900 COLLINS AVE  
#404  
SURFSIDE, FL 33154 US

## Name and Address of New Registered Agent:

RHODIS, FRANCES MS.  
12864 BISCAYNE BLVD  
#162  
NORTH MIAMI, FL 33181 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: P  
Name: RHODIS, FRANCES MS.  
Address: 12864 BISCAYNE BLVD #162  
City-St-Zip: NORTH MIAMI, FL 33181 US

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: FRANCIS RHODIS

P

04/29/2012

Electronic Signature of Signing Officer or Director

Date