

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000001944

Entity Name: ALPHA OMEGA HOLISTIC MEDICINE CORP.

FILED
Apr 29, 2012
Secretary of State

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:

04/29/2012

Electronic Signature of Registered Agent

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