2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2012
Secretary of State

DOCUMENT# P11000086932

Entity Name: COMPLETE HOLISTIC CLINIC, INC.

Current Principal Place of Business:

3500 N. STATE ROAD 7
SUITE 213-4
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

3500 N. STATE ROAD 7
SUITE 213-4
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 45-3565020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EXILUS, HERMIN
3500 N. STATE ROAD 7
SUITE 213-4
LAUDERDALE LAKES, FL 33319 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: P
Name: EXILUS, HERMIN
Address: 3500 N. STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: HERMIN EXILUS P 04/11/2012

Electronic Signature of Signing Officer or Director — Date