

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K97771

**FILED
May 04, 2015
Secretary of State
CC5435539540**

Entity Name: CENTER FOR MANUAL MEDICINE, INC.

Current Principal Place of Business:

3300 NE 171 STREET
N MIAMI BEACH, FL 33160

Current Mailing Address:

3300 NE 171 STREET
N MIAMI BEACH, FL 33160

FEI Number: 65-0138576

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VANNI, SILVIA
3300 NE 171 STREET
NORTH MIAMI BEACH, FL 33160 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

Date

Officer/Director Detail :

Title PV
Name VANNI, SILVIA
Address 3300 NE 171 STREET
City-State-Zip: N MIAMI BEACH FL 33160

Title ST
Name VANNI, STEVEN
Address 3300 NE 171 STREET
City-State-Zip: N MIAMI BEACH FL 33160

Title D
Name VANNI, SILVIA D
Address 3300 NE 171 STREET
City-State-Zip: N MIAMI BEACH FL 33160

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: SILVIA VANNI

PV

05/04/2015

Electronic Signature of Signing Officer/Director Detail

Date