

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000042608

**Entity Name:** COMPLETE CARE CENTER OF MIAMI, INC.

**Current Principal Place of Business:**

1301 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1301 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

**FEI Number: 51-0500944**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALTER, LIZBETH  
1301 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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:** LIZBETH ALTER

04/24/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name ALTER, LIZBETH  
Address 3620 NW 16 TERR  
City-State-Zip: MIAMI FL 33125

*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:** LIZBETH ALTER

**PRESIDENT**

04/24/2017

Electronic Signature of Signing Officer/Director Detail

Date