

2015 FLORIDA PROFIT CORPORATION REINSTATEMENT

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

10/21/2015

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

10/21/2015

Electronic Signature of Signing Officer/Director Detail

Date