

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000007873

Entity Name: MIAMI MEDICAL & REJUVENATION INC.

Current Principal Place of Business:

860 NORTH ORANGE AVENUE
APT 244
MIAMI, FL 32801

Current Mailing Address:

860 NORTH ORANGE AVENUE
APT 244
ORLANDO , FL 32801 US

FEI Number: 47-3030498

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERTOLOTTI, CESAR A
860 NORTH ORANGE AVENUE
APT 244
ORLANDO , FL 32801 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 P
Name BERTOLOTTI, CESAR A
Address 860 NORTH ORANGE AVENUE
APT 244
City-State-Zip: ORLANDO FL 32801

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: CESAR BERTOLOTTI

DIRECTOR

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date