2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2018
Secretary of State
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Entity Name: CMI THERAPY SOLUTIONS INC.

Current Principal Place of Business:

3271 NW 7TH STREET
STE 103
MIAMI, FL 33125

Current Mailing Address:

3271 NW 7TH STREET
STE 103
MIAMI, FL 33125

FEI Number: 81-3121967

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA INC
2121 PONCE DE LEON BLVD
SUITE 1050
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: EILEEN GARCIA 02/09/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, SECRETARY, DIRECTOR	Title	DIRECTOR
Name	DIAZ MARTIN, SANTIAGO	Name	SAADE, HECTOR G
Address	3271 NW 7TH STREET STE 103	Address	3271 NW 7TH STREET STE 103
City-State-Zip:	MIAMI FL 33125	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: HECTOR G SAADE DIRECTOR 02/09/2018

Electronic Signature of Signing Officer/Director Detail — Date