

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000009018

**Entity Name:** AMERICAN CENTERS FOR PREVENTIVE MEDICINE INC.

**FILED**  
**Apr 18, 2014**  
**Secretary of State**  
**CC8541538447**

**Current Principal Place of Business:**

133 NE 2ND AVE  
911  
MIAMI, FL 33132

**Current Mailing Address:**

133 NE 2ND AVE  
911  
MIAMI, FL 33132

**FEI Number: 46-3803133**

**Certificate of Status Desired: Yes**

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

KWARTENG, COLLINS A MD  
133 NE 2ND AVE  
911  
MIAMI, FL 33132 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 KWARTENG, COLLINS A MD  
Address 133 NE 2ND AVE # 911  
City-State-Zip: MIAMI FL 33132

Title VP  
Name ASANTE, KWAME J  
Address 16451 KENNEWEG CT  
City-State-Zip: WOODBRIDGE VA 22191

Title CFO  
Name ANSERE, ISAAC  
Address 133 NE 2ND AVE # 911  
City-State-Zip: MIAMI FL 33132

Title SEC  
Name NYARKO, ADWOA RN  
Address 133 NE 2ND AVE, # 911  
City-State-Zip: MIAMI FL 33132

Title CMO  
Name KWARTENG, JUSTICE K  
Address 133 NE 2ND AVE # 911  
City-State-Zip: MIAMI FL 33132

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: COLLINS KWARTENG**

**PRESIDENT AND CEO**

**04/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date