

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004251

FILED  
Jan 24, 2011  
Secretary of State

**Entity Name:** NEW BEGINNINGS HEALING CENTER, INC.

**Current Principal Place of Business:**

1355 TADSWORTH TERR.  
LAKE MARY, FL 32746

**New Principal Place of Business:**

1546 CHERRY BLOSSOM TERRACE  
LAKE MARY, FL 32746

**Current Mailing Address:**

P. O. BOX 588569  
ORLANDO, FL 32856

**New Mailing Address:**

**FEI Number:** 34-1355965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, BECKI J  
1355 TADSWORTH TERR.  
LAKE MARY, FL 32746 US

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

MILLER, JONATHAN D  
1546 CHERRY BLOSSOM TERRACE  
LAKE MARY, FL 32746 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: JONATHAN D. MILLER

01/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MILLER, JONATHAN D  
Address: PO BOX 568569  
City-St-Zip: ORLANDO, FL 32856

Title: V  
Name: MILLER, R J  
Address: PO BOX 568569  
City-St-Zip: ORLANDO, FL 32856

Title: S  
Name: ARTHUR, MARK M  
Address: PO BOX 568569  
City-St-Zip: ORLANDO, FL 32856

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: JONATHAN D. MILLER

P

01/24/2011

Electronic Signature of Signing Officer or Director

Date