## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000002892

FILED Apr 08, 2004 Secretary of State

Entity Na	me: NATIONA	L HEALING CORPORATION	<b>J</b>		-	
Current P	rincipal Place	of Business:	New Princ	ipal Place of	Business:	
6400 CON	L HEALING CO IGRESS AVE # TON, FL 3348	2200				
Current N	lailing Addres	s:	New Maili	New Mailing Address:		
6400 CON	L HEALING CO IGRESS AVE # TON, FL 3348	2200				
FEI Number	: 65-0678356	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired	(X)
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
11380 PR		NS NETWORK, INC. RMS ROAD #221E 5, FL 33410 US				
	named entity se of Florida.	submits this statement for the	purpose of changing	ts registered o	office or registered agent, o	r both,
SIGNATUI	RE:					
	Electron	ic Signature of Registered A	gent		Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES	TO OFFICERS AND DIR	ECTORS:
Title: Name: Address: City-St-Zip: Title: Name:	TYLER, JAMES 1900 CORPOR BOCA RATON,	ATE BLVD NW #105 W FL 33431 Delete	Title: Name: Address: City-St-Zip: Title: Name:	TYLER, JAMES 6400 CONGRE BOCA RATON,	SS AVENUE #2200 FL 33487 C) Change ( ) Addition	
Address:	1900 CORPOR	ATE BLVD #105W	Address:	6400 CONGRE	SS AVENUE #2200	

Address: 1900 CORPORATE BLVD #105W

BOCA RATON, FL 33431 City-St-Zip:

Title: ( ) Delete Name: MALSAM, GEORGE Address: 6400 CONGRESS AVE #2200 City-St-Zip: BOCA RATON, FL 33487

BOCA RATON, FL 33487 Title: () Change () Addition

Name: Address: City-St-Zip:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES M TYLER **CFO** 04/08/2004