

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002892

FILED
Apr 26, 2011
Secretary of State

Entity Name: NATIONAL HEALING CORPORATION

Current Principal Place of Business:

NATIONAL HEALING CORPORATION
4850 T-REX AVE., #300
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

NATIONAL HEALING CORPORATION
4850 T-REX AVE., #300
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-0678356 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOCHMAN, RODGER ESQ.
4850 T-REX AVE., #300
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: PATRICK, JAMES E CEO
Address: 4850 T-REX AVE., #300
City-St-Zip: BOCA RATON, FL 33431

Title: TRES
Name: GARDNER, GREG CFO
Address: 4850 T-REX AVE., #300
City-St-Zip: BOCA RATON, FL 33431

Title: SECY
Name: HOCHMAN, RODGER ESQ
Address: 4850 T-REX AVE., #300
City-St-Zip: BOCA RATON, FL 33431

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: RODGER HOCHMAN

SECY

04/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date