

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000060455

FILED
Feb 02, 2007
Secretary of State

Entity Name: HOLISTIC BEHAVIORAL CARE, INC

Current Principal Place of Business:

6420 NORTH MIAMI AVE
MIAMI, FL 33150

New Principal Place of Business:

7010 NE 4TH COURT
MIAMI, FL 33138

Current Mailing Address:

6420 NORTH MIAMI AVE
MIAMI, FL 33150

New Mailing Address:

7010 NE 4TH COURT
MIAMI, FL 33138

FEI Number: 14-1968479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COICOU, EMMANUEL
4743 GRAPEVINE WAY
DAVIE, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,VP () Delete
Name: COICOU, EMMANUEL
Address: 4743 GRAPEVINE WAY
City-St-Zip: DAVIE, FL 33331

Title: D,T () Delete
Name: COICOU, EMMANUEL
Address: 4743 GRAPEVINE WAY
City-St-Zip: DAVIE, FL 33331

Title: S () Delete
Name: COICOU, EMMANUEL
Address: 4743 GRAPEVINE WAY
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: EMMANUEL COICOU

S

02/02/2007

Electronic Signature of Signing Officer or Director

_____ Date