2011 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

DOCUMENT# P07000060060

Entity Name: HEALING MENTAL CARE INC

FILED Mar 17, 2011 Secretary of State

Date

New Principal Place of Business: Current Principal Place of Business: 5911 NW 173 DRIVE MIAMI, FL 33015 **Current Mailing Address: New Mailing Address:** 5911 NW 173 DRIVE MIAMI, FL 33015 FEI Number: 26-0224064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEON, SEBNA 5911 NW 173 DRIVE MIAMI, FL 33015 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:

OFFICERS AND DIRECTORS:

Title: PD

Name: LEON, SEBNA

Address: 5911 NW 173 DRIVE UNIT 28

City-St-Zip: MIAMI, FL 33015

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: SEBNA LEON OWNE 03/17/2011