

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050513

FILED
Feb 18, 2011
Secretary of State

Entity Name: HOLISTIC LIFECARE MEDICAL CENTER, INC.

Current Principal Place of Business:

4318 SPRINGMOOR DRIVE EAST
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

4318 SPRINGMOOR DRIVE EAST
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 52-2444013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, PETRA D
4318 SPRINGMOOR DRIVE EAST
JACKSONVILLE, FL 32225 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: PSTD
Name: DAVIS, PETRA D
Address: 4318 SPRINGMOOR DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32225

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: PETRA DAVIS

PSTD

02/18/2011

Electronic Signature of Signing Officer or Director

Date