

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000079556

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** ENERGY-NUTRITIONAL HEALING CENTER, INC.

**Current Principal Place of Business:**

10250 SW 56 ST SUITE D203  
MIAMI, FL 33165 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 650993  
MIAMI, FL 33265 US

**New Mailing Address:**

PO BOX 650993  
MIAMI, FL 33265 09

**FEI Number:** 26-3256143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VARGAS, DIANA E M.D.  
10250 SW 56 ST SUITE D203  
MIAMI, FL 33165 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: PT  
Name: VARGAS, DIANA E M.D.  
Address: 10250 SW 56 ST SUITE D203  
City-St-Zip: MIAMI, FL 33165 US

Title: VS  
Name: NARANJO, OVIDIO  
Address: 10431 SW 52ND ST  
City-St-Zip: MIAMI, FL 33165 US

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: DIANA E VARGAS

P

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date