

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000090846

Entity Name: HEALTHY PRACTICE, INC

FILED
Jun 02, 2009
Secretary of State

Current Principal Place of Business:

5041 SW 136 TERRACE
MIRAMAR, FL 33027

New Principal Place of Business:

14003 SW 49 ST
MIRAMAR, FL 33027

Current Mailing Address:

5041 SW 136 TERRACE
MIRAMAR, FL 33027

New Mailing Address:

14003 SW 49 ST
MIRAMAR, FL 33027

FEI Number: 26-3605001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAZA, MARIA F
5041 SW 136 TERRACE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

ISAZA, MARIA F
14003 SW 49 ST
MIRAMAR, FL 33027 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: MARIA F ISAZA

06/02/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ISAZA, MARIA F
Address: 5041 SW 136 TERRACE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ISAZA, MARIA F
Address: 14003 SW 49 ST
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify 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: MARIA F ISAZA

P

06/02/2009

Electronic Signature of Signing Officer or Director

Date