2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095193

Entity Name: HEALING CHOICES, INC

SANFORD, FL 32773

City-St-Zip:

FILED Apr 22, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 122 NORTH 4TH STREET 2500 W LAKE MARY BLVD SUITE 220 **SUITE 2022** LAKE MARY, FL 32746 LAKE MARY, FL 32746 **Current Mailing Address: New Mailing Address:** 101 CRYSTAL VIEW SOUTH SANFORD, FL 32773 FEI Number: 59-3749362 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: VINIKAS, BRUCE 101 CRÝSTAL VIEW SOUTH SANFORD, FL 32773 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VINIKAS, BRUCE Name: Name: 101 CRYSTAL VIEW SOUTH Address: Address: City-St-Zip: SANFORD, FL 32773 City-St-Zip: () Delete Title: Title: () Change () Addition Name: LIEBLING, SARA Name: 101 CRYSTAL VIEW SOUTH Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRUCE VINIKAS P 04/22/2004