

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005831

**Entity Name:** HEALING CHARITIES, INC.

**Current Principal Place of Business:**

6750 NW 27 WAY  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

6750 NW 27 WAY  
FORT LAUDERDALE, FL 33309

**FEI Number:** 45-3638458

**Certificate of Status Desired:** Yes

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

SHAHEED, MOHAMED K  
6750 NW 27 WAY  
FORT LAUDERDALE, FL 33309 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SHAHEED, M.K.  
Address 6750 NW 27 WAY  
City-State-Zip: FT. LAUDERDALE FL 33309

Title D  
Name SHAHEED, LYNETTE  
Address 6750 NW 27 WAY  
City-State-Zip: FORT LAUDERDALE FL 33309

Title D  
Name ISMAIL, Y  
Address 11620 NW 29 PLACE  
City-State-Zip: SUNRISE CITY FL 33323

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHAHEED, M. K.

**PRESIDENT**

**01/12/2016**

Electronic Signature of Signing Officer/Director Detail

Date