FEI Number: 45-3638458 Certificate of Status Desired: No Name and Address of Current Registered Agent: SHAHEED, MOHAMED K SHAHEED, MOHAMED K 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	Title	D	
Name	SHAHEED, M.K.	Name	SHAHEED, LYNETTE	
Address	6750 NW 27 WAY	Address	6750 NW 27 WAY	
City-State-Zip:	FT. LAUDERDALE FL 33309	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: M. K. SHAHEED

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address: 6750 NW 27 WAY

FORT LAUDERDALE, FL 33309

6750 NW 27 WAY

DOCUMENT# N11000005831

Entity Name: HEALING CHARITIES, INC.

Current Principal Place of Business:

FORT LAUDERDALE. FL 33309

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

01/09/2014 Date

PD