

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000004948

Entity Name: HEALING LIFE INSTITUTE INC.

Current Principal Place of Business:

25 SE TURTLE CREEK DRIVE
TEQUESTA, FL 33469

Current Mailing Address:

25 SE TURTLE CREEK DRIVE
TEQUESTA, FL 33469 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CIOFFI, JAMES A
250 TEQUESTA DR., #200
TEQUESTA, FL 33469 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 DIRECTOR
Name ALEXANDER, KATHLEEN CARLA
Address 25 SE TURTLE CREEK DRIVE
City-State-Zip: TEQUESTA FL 33469

Title DIRECTOR
Name CIOFFI, JAMES A
Address 250 TEQUESTA DR., #200
City-State-Zip: TEQUESTA FL 33469

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: KATHLEEN C ALEXANDER

DIRECTOR

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date