

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000006821

Entity Name: NATURAL HEALING, INC.

Current Principal Place of Business:

5951 NW 173 DR
UNIT 7
MIAMI, FL 33015

Current Mailing Address:

P.O. BOX 170443
HIALEAH, FL 33017-0043

FEI Number: 65-0975464

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEPANOV, TERESA
7944 NW 190 TERR.
MIAMI, FL 33015 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 D
Name STEPANOV, TERESA
Address 7944 NW 190 TERR.
City-State-Zip: MIAMI FL 33015

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

SIGNATURE: TERESA STEPANOV

PRESIDENT

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date