

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000060060

**Entity Name:** HEALING MEDICAL CENTER, INC.

**Current Principal Place of Business:**

5931 NW 173 DRIVE,  
UNIT#7A  
MIAMI, FL 33015

**Current Mailing Address:**

5931 NW 173 DRIVE,  
UNIT#7A  
MIAMI, FL 33015

**FEI Number:** 26-0224064

**Certificate of Status Desired:** No

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

LEON, SEBNA  
5931 NW 173 DRIVE  
UNIT#7A  
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 PD  
Name LEON, SEBNA  
Address 5931 NW 173 DRIVE UNIT 7A  
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:** SEBNA LEON

**PRESIDENT**

**05/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date