

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004251

**Entity Name:** NEW BEGINNINGS HEALING CENTER, INC.

**Current Principal Place of Business:**

6859 EDGEWATER COMMERCE PKWY  
0  
ORLANDO, FL 32810

**Current Mailing Address:**

6859 EDGEWATER COMMERCE PKWY  
0  
ORLANDO, FL 32810 US

**FEI Number:** 34-1355965

**Certificate of Status Desired:** No

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

MILLER, JONATHAN D  
1546 CHERRY BLOSSOM TERRACE  
LAKE MARY, FL 32746 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 P  
Name MILLER, JONATHAN D  
Address 6859 EDGEWATER COMMERCE  
PKWY  
City-State-Zip: ORLANDO FL 32810

Title V  
Name MILLER, R J  
Address 6859 EDGEWATER COMMERCE  
PKWY  
City-State-Zip: ORLANDO FL 32810

Title S  
Name ARTHUR, MARK M  
Address 6859 EDGEWATER COMMERCE  
PKWY  
City-State-Zip: ORLANDO FL 32810

*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:** REBEKAH J MILLER

VP

01/19/2015

Electronic Signature of Signing Officer/Director Detail

Date