APPROVED
AND
FILED

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11-26-07

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT07

DOCUMENT # F96000003945

1. Entity Name
HEALING VISIONS INSTITUTE FOR ADDICTION RECOVERY, LIMITED, INC.

Principal Place of Business	Mailing Address
2411 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020	2411 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
98-0174993

5. Applicable Box
☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GELLER, JOSEPH S 2411 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $220.00

In accordance with s. 607.193(2)(d), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MASH, DEBORAH C PH.D. 2411 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D PABLO, JOHN PH.D. 2411 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D EFANGE, SIMON M PH.D. 2411 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 11/15/07
(TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE) (DAYTIME PHONE #)