

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F96000003945

FILED  
Sep 09, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2411 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

7552 WEST TREASURE DRIVE  
NORTH BAY VILLAGE, FL 33141

**Current Mailing Address:**

2411 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020

**New Mailing Address:**

7552 WEST TREASURE DRIVE  
NORTH BAY VILLAGE, FL 33141

**FEI Number:** 98-0174993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GELLER, JOSEPH S  
2411 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020 US

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

GELLER, JOSEPH S  
100 WEST CYPRESS CREEK ROAD SUITE 700  
FT LAUDERDALE, FL 33309 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: DEBORAH C MASH

09/09/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: MASH, DEBORAH C PH.D.  
Address: 2411 HOLLYWOOD BOULEVARD  
City-St-Zip: HOLLYWOOD, FL 33020

Title: P D ( ) Delete  
Name: PABLO, JOHN PH.D.  
Address: 2411 HOLLYWOOD BOULEVARD  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP D ( ) Delete  
Name: EFANGE, SIMON M PH.D.  
Address: 2411 HOLLYWOOD BOULEVARD  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DST (X) Change ( ) Addition  
Name: MASH, DEBORAH C PH.D.  
Address: 7552 WEST TREASURE DRIVE  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: P D (X) Change ( ) Addition  
Name: PABLO, JOHN PH.D.  
Address: 100 WEST CYPRESS CREEK ROAD SUITE 700  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: VP D (X) Change ( ) Addition  
Name: EFANGE, SIMON M PH.D.  
Address: 100 WEST CYPRESS CREEK ROAD SUITE 700  
City-St-Zip: FT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBORAH C MASH, PH.D.

PD

09/09/2009

Electronic Signature of Signing Officer or Director

Date