2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# F96000003945

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

Current Principal Place of Business:

7552 WEST TREASURE DRIVE
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

Current Mailing Address:

7552 WEST TREASURE DRIVE
NORTH BAY VILLAGE, FL 33141

New Mailing Address:

FEI Number: 98-0174993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GELLER, JOSEPH S
100 WEST CYPRESS CREEK ROAD SUITE 700
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

Title: VP D
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 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: DEBORAH C MASH DST 02/16/2011

Electronic Signature of Signing Officer or Director Date