FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H99577** **(9)**

1. Corporate Name
HOLISTIC HEALTH CARE SERVICES, INC.

Principal Place of Business	Mailing Address
4531 N.E. 14TH TERR. POMPANO BEACH FL 33064	4531 N.E. 14TH TERR. POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1986	3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2686991	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. ... Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 161 SW 32nd Ave.	26 161 SW 32nd Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Deerfield Bch., Fl	City & State 28 Deerfield Bch., Fl.
Zip 24 33442 County 25 Broward	Zip 29 33442 County 30 Broward

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VIRGIN, GAYLE 4531 N.E. 14TH TERR. POMPANO BEACH FL 33064	81 Name: Gayle Virgin 82 Street Address (P.O. Box Number is Not Acceptable): 161 SW 32nd Ave 83 84 City: Deerfield Bch, FL 85 Zip Code: 33442

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: HAUGHIE, LAURA STREET ADDRESS: 4531 N.E. 14TH TERR. CITY-ST-ZIP: POMPANO BEACH FL	☒ Change ☐ Addition 11 TITLE: PD 12 NAME: Haughie, Laura 13 STREET ADDRESS: 161 SW 32nd Ave 14 CITY-ST-ZIP: Deerfield Bch, Fla.
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laura Haughie Laura Haughie 4/18/95 (305) 429-8363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100344 CP