

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
BONNIE B. WATKINS
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H99577 (9)

HOLISTIC HEALTH CARE SERVICES, INC.

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

Main Office Address
4531 N.E. 14TH TERR.
POMPANO BEACH FL 33064

DATE OF REPORT: 06/14/1994

3. Date first reported to the state 02/14/1986	3a. Date of Last Report 06/14/1994
4. F.F. 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
7. Do you intend to file a statement of financial interest under § 400.030 Florida Statutes ☐ Yes ☒ No	

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

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

11. I, the undersigned, being duly sworn, depose and say that the above named corporation submits this statement for the purpose of changing its registered office to the above agent, or to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am fully aware of and accept the obligations of Section 602.0505, Florida Statutes.

SUBJECT TO:

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95
NAME PD HAUGHIE, LAURA 4531 N.E. 14TH TERR. POMPANO BEACH FL	1. NAME PD Haughie, Laura 161 SW 32nd Ave Deerfield Bch., FL ☒ Change ☐ Addition
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the laws of the State of Florida. I further certify that the information included 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 any officer or director of this corporation or its agent or trustee empowered to execute this report, as required by Chapter 602, Florida Statutes, and that my name appears in Section 602.0505, Florida Statutes, or on any other filing with an address.

SIGNATURE: *Laura Haughie* *Laura Haughie* 4/8/95 (305) 429-8363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR