

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000803

FILED  
Jul 06, 2006  
Secretary of State

**Entity Name:** HOLISTIC INSTITUTE OF HEALTH, INC.

**Current Principal Place of Business:**

1511 N.W. 113TH AVENUE  
PEMBROKE PINES, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1511 N.W. 113TH AVENUE  
PEMBROKE PINES, FL 33012

**New Mailing Address:**

**FEI Number:** 65-1019411      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CURRIER, FRED C  
1511 N.W. 113TH AVENUE  
PEMBROKE PINES, FL 33012      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MD      ( ) Delete  
Name: CURRIER, FRED C  
Address: 1511 NW 113 AVE  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D      ( ) Delete  
Name: CURRIER, PAUL F MD  
Address: 9 WEST BROADWAY #322  
City-St-Zip: BOSTON, MA 02127

Title: D      ( ) Delete  
Name: DOTSON, OLIVER  
Address: 1020 BUTTERFLY COVE  
City-St-Zip: LOCUST GROVE, GA 30248

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED C CURRIER

MD

07/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date