2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000803

FILED Jul 06, 2006 Secretary of State

1511 N.W. 113TH AVENUE PEMBROKE PINES, FL 33012 Current Mailing Address: New Mailing Address: 1511 N.W. 113TH AVENUE PEMBROKE PINES, FL 33012 FEI Number: 65-1019411	DOCOK	/IEN I# NUUUUUUUU8U3		Secretary of State
Current Mailing Address: Current Mailing Address: New Mailing Address: 1511 N.W. 113TH AVENUE PEMBROKE PINES, FL 33012 FEI Number: 65-1019411	Entity Na	me: HOLISTIC INSTITUTE OF HEALTH, INC	C.	
Current Mailing Address: New Mailing Address: 1511 N.W. 113TH AVENUE PEMBROKE PINES, FL 33012 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: 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 OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: MD () Delete Name: CURRIER, FRED C Address: 1511 NW 113 AVE Address: 1511 NW 113 AVE City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: Delete Name: CURRIER, PAUL F MD Name: Address: City-St-Zip: BOSTON, MA 02127 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: BOSTON, MA 02127 Title: D () Delete Title: () Change () Addition Name: Address: Oty-St-Zip: BOSTON, MA 02127 Title: D () Delete Title: () Change () Addition Name: Address: 1020 BUTTERFLY COVE Title: () Change () Addition Name: Address: 1020 BUTTERFLY COVE Address: 1020 BUTTERFLY COVE	Current P	Principal Place of Business:	New Principal Place	of Business:
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	Name: Address:	DOTSON, OLIVER 1020 BUTTERFLY COVE	Name: Address:	() Change () Addition

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