

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000803

FILED
Apr 15, 2009
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 ()

Name and Address of Current Registered Agent:

CURRIER, FRED C
1511 N.W. 113TH AVENUE
PEMBROKE PINES, FL 33012 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: 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: D (X) Change () Addition
Name: CURRIER, PAUL F MD
Address: 141 DORCHESTER AVE #119
City-St-Zip: BOSTON, MA 02127

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

I hereby certify that the information supplied with this filing does not qualify 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

04/15/2009

Electronic Signature of Signing Officer or Director

Date