

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000803

FILED
Feb 17, 2010
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:

1511 N.W. 113TH AVENUE
PEMBROKE PINES, FL 33026

Current Mailing Address:

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

New Mailing Address:

1511 N.W. 113TH AVENUE
PEMBROKE PINES, FL 33026

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:

CURRIER, FRED C
1511 N.W. 113TH AVENUE
PEMBROKE PINES, FL 33026 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: FRED C CURRIER

02/17/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D
Name: CURRIER, PAUL F MD
Address: 141 DORCHESTER AVE #119
City-St-Zip: BOSTON, MA 02127

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

I hereby 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 all other like empowered.

SIGNATURE: FRED C CURRIER

MD

02/17/2010

Electronic Signature of Signing Officer or Director

Date