

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008536

FILED
Aug 31, 2008
Secretary of State

Entity Name: A PERFECT HEALING, INC.

Current Principal Place of Business:

1030 NE 172 TERRACE
N. MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 601133
N. MIAMI BEACH, FL 33160

New Mailing Address:

1030 NE 172 TERRACE
N. MIAMI BEACH, FL 33162

FEI Number: 41-2070495 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:

FRIEDLAND, RHONA (YOHEVED)
1030 NE 172 TERRACE
N. MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

FRIEDLAND, RHONACORINNE
1030 NE 172 TERRACE
N. MIAMI BEACH, FL 33162 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: RHONACORINNE FRIEDLAND

08/31/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FRIEDLAND, RHONA (YOHEVED)
Address: C/O P.O. BOX 601133
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: O () Delete
Name: GREENSPAN, KENNETH DR.
Address: C/O P.O. BOX 601133
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: O () Delete
Name: ANGER, JONATHAN S
Address: C/O P.O. BOX 601133
City-St-Zip: N. MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FRIEDLAND, RHONACORINNE
Address: C/O 1030 NE 172 TERRACE
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: OFFI (X) Change () Addition
Name: GREENSPAN, KENNETH DR.
Address: C/O 1030 NE 172 TERRACE
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: OFFI (X) Change () Addition
Name: ANGER, JONATHAN S
Address: C/O 1030 NE 172 TERRACE
City-St-Zip: N. MIAMI BEACH, FL 33162

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: RHONACORINNE FRIEDLAND

PRES

08/31/2008

Electronic Signature of Signing Officer or Director

Date