

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008536

FILED
Apr 13, 2010
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:

1030 NE 172 TERRACE
N. MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 41-2070495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

Title: OFFI
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 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: RHONA CORINNE FRIEDLAND

PRES

04/13/2010

Electronic Signature of Signing Officer or Director

Date