

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 27, 2012
Secretary of State

DOCUMENT# N04000011403

Entity Name: THE HEAL! FOUNDATION, INC.**Current Principal Place of Business:**412 PONTE VEDRA BOULEVARD
PONTE VEDRA, FL 32082**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 140
PONTE VEDRA, FL 32004**New Mailing Address:**

FEI Number: 20-1944817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BUCKLEY, JULIE A M.D.
604 LAKE STONE CIR
PONTE VEDRA BEACH, FL 32082 US**Name and Address of New Registered Agent:**WEED, LESLIE
412 PONTE VEDRA BOULEVARD
PONTE VEDRA BEACH, FL 32082 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: LESLIE WEED

09/27/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: D/P
Name: PICKERT, ALAN
Address: 1360 NICHOLSON ROAD
City-St-Zip: JACKSONVILLE, FL 32207Title: D/VP
Name: MEYER, JIM
Address: 683 QUEENS HARBOR BLVD
City-St-Zip: JACKSONVILLE, FL 32225Title: D/T
Name: JOHNSON, VIC
Address: 298 SE 5TH AVE
City-St-Zip: MELROSE, FL 32666Title: D/S
Name: PATNEAU, AUSTIN
Address: 120 AZALEA POINT DR N
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: LESLIE WEED

RA

09/27/2012

Electronic Signature of Signing Officer or Director_____
Date