

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004899

FILED  
May 02, 2009  
Secretary of State

Entity Name: ORLANDO HEALING CENTER, INC.

**Current Principal Place of Business:**

13352 GLACIER NATIONAL DR, 3407  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

13352 GLACIER NATIONAL DR, 3407  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 20-2840835      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:**

MENDIETA, ALLYSON U  
13815 OSPREY NEST LANE #67  
ORLANDO, FL 32837      US

**Name and Address of New Registered Agent:**

MENDIETA, ALLYSON U  
13352 GLACIER NATIONAL DR. 3407  
ORLANDO, FL 32837      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: ALLYSON UGARTE MENDIETA

05/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MENDIETA, DANIEL  
Address: 13815 OSPREY NEST LANE #67  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: UGARTE MENDIETA, ALLYSON  
Address: 13815 OSPREY NEST LANE #67  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: MENDIETA RUIZ, FRANCISCO  
Address: PLAYA DE LA LANZADA,#2, BOADILLA DEL MONTE  
City-St-Zip: MADRID 28669 SPAIN, XX

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MENDIETA, DANIEL  
Address: 13352 GLACIER NATIONAL DR. 3407  
City-St-Zip: ORLANDO, FL 32837

Title: D (X) Change ( ) Addition  
Name: UGARTE MENDIETA, ALLYSON  
Address: 13352 GLACIER NATIONAL DR. 3407  
City-St-Zip: ORLANDO, FL 32837

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: DANIEL MENDIETA

P

05/02/2009

Electronic Signature of Signing Officer or Director

Date