

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