2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N05000010687

Entity Name: HEALTHY FAMILY, INC.

Current Principal Place of Business:

11221 SW 180 ST
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

11221 SW 180 ST
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-3654971 **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:

WEIR LATTY, SHERYL
11221 SW 180 ST
MIAMI, FL 33157 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: PD ( ) Delete
Name: WEIR LATTY, SHERYL
Address: 11221 SW 180 ST
City-St-Zip: MIAMI, FL 33157

Title: VPD ( ) Delete
Name: WEIR PLUMMER, CAMILLE
Address: 11221 SW 180 ST
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: LETTERYELLOW, JEAN
Address: 11221 SW 180 STREET
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: HACKING, ANNA
Address: 11221 SW 180 STREET
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: BECK, ROCHELLE
Address: 11221 SW 180 STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHERYL WEIR-LATTY PD 05/01/2009

Electronic Signature of Signing Officer or Director — Date