

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 12, 2011  
Secretary of State**

DOCUMENT# N08000010692

Entity Name: HEALING PATHWAYS FOUNDATION, INC.

**Current Principal Place of Business:**

17116 NEWPORT CLUB DR.  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

17116 NEWPORT CLUB DR.  
BOCA RATON, FL 33496

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

GARLICK, JUDITH A  
17116 NEWPORT CLUB DR.  
BOCA RATON, FL 33496    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: P, D  
Name: GARLICK, JUDITH A  
Address: 17116 NEWPORT CLUB DR.  
City-St-Zip: BOCA RATON, FL 33496

Title: D, V  
Name: GARLICK, NATHAN S  
Address: 17116 NEWPORT CLUB DR  
City-St-Zip: BOCA RATON, FL 33496

Title: DST  
Name: GARLICK, MAX A  
Address: 17116 NEWPORT CLUB DR.  
City-St-Zip: BOCA RATON, FL 33496

Title: D  
Name: GARLICK, JACOB A  
Address: 17116 NEWPORT CLUB DR.  
City-St-Zip: BOCA RATON, FL 33496

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: JUDITH A. GARLICK

PD

02/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date