2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2011
Secretary of State

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Entity Name: HEALING PLACE COMMUNITY SERVICES INC.

Current Principal Place of Business:

19777 SOUTHWEST 334TH STREET
HOMESTEAD, FL 33034

New Principal Place of Business:

Current Mailing Address:

19777 SOUTHWEST 334TH STREET
HOMESTEAD, FL 33034

New Mailing Address:

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

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DP
Name: LARRY, RAMONA
Address: 19777 SOUTHWEST 334TH STREET
City-St-Zip: HOMESTEAD, FL 33034

Title: DV
Name: CAMPBELL, SHIRLEY L
Address: 19777 SOUTHWEST 334TH STREET
City-St-Zip: HOMESTEAD, FL 33034

Title: D
Name: CAMPBELL, PLEAMON
Address: 19777 SOUTHWEST 334TH STREET
City-St-Zip: HOMESTEAD, FL 33034

Title: S
Name: BULLARD, VALNECIA
Address: 19777 SOUTHWEST 334TH STREET
City-St-Zip: HOMESTEAD, FL 33034

Title: T
Name: MCKAY, GWENDOLYN
Address: 19777 SOUTHWEST 334TH STREET
City-St-Zip: HOMESTEAD, FL 33034

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: RAMONA LARRY DP 05/02/2011

Electronic Signature of Signing Officer or Director — Date