

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007621

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** TRULY HEALED INC.

**Current Principal Place of Business:**

2840 NW 8TH COURT  
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

2840 NW 8TH COURT  
FT LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number:** 27-3284838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, MIRIAM  
6503 BANNER LAKE CIRCLE #14208  
ORLANDO, FL 32821 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  
**Name:** LEVARITY, BREANNE  
**Address:** 2840 NW 8TH COURT  
**City-St-Zip:** FT LAUDERDALE, FL 33311

**Title:** VPD  
**Name:** WILLIAMS, VARRON  
**Address:** 2840 NW 8TH COURT  
**City-St-Zip:** FT LAUDERDALE, FL 33311

**Title:** D  
**Name:** JONES, MIRIAM  
**Address:** 6503 BANNER LAKE CIR #14208  
**City-St-Zip:** ORLANDO, FL 32821

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:** BREANNE LEVARITY

PD

04/28/2012

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

\_\_\_\_\_  
Date