2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N98000002269

Entity Name: THE MCCORMICK-GREEN CENTER FOR HOLISTIC THERAPIES, INC.

Current Principal Place of Business:

785 JUNIPER PLACE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

785 JUNIPER PLACE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0835111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCORMICK, LOUISE
785 JUNIPER PLACE
WELLINGTON, FL 33414 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 ( ) Delete
Name: MCCORMICK, LOUISE
Address: 785 JUNIPER PLACE
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP ( ) Delete
Name: BOND, MATTHEW DVM
Address: 12800 60 ST NORTH
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: D ( ) Delete
Name: CLANCY, ELEANOR
Address: 50 DALE PLACE
City-St-Zip: OLDSMAN, FL 34677 US

Title: D ( ) Delete
Name: MCCORMICK, JAMES DR
Address: 22721 WILDERNESS WAY
City-St-Zip: BOCA RATON, FL 33433 US

Title: D ( ) Delete
Name: SEARS, AL MD
Address: 888 W. RAMBLING DR.
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: GEISS, LOUISETTE
Address: 119 SW 18TH STREET
City-St-Zip: BOYNTON BEACH, FL 33426 US

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: LOUISE MCCORMICK DP 04/19/2009

Electronic Signature of Signing Officer or Director — Date