2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002269

FILED Apr 12, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

785 JUNIPER PLACE WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

785 JUNIPER PLACE WELLINGTON, FL 33414

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

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

MCCORMICK, LOUISE 785 JUNIPER PLACE WELLINGTON, FL 33414

US

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:

Γitle: PRES

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

Title: VP

Name: GEISS, LOUISETTE Address: 953 4TH STREET

City-St-Zip: SANTA MONICA, CA 90403 US

Title:

Name: JONES, BEATRICE

Address: 1701 BALFOUR POINT DRIVE UNIT D
City-St-Zip: WEST PALM BEACH, FL 33411

Title: [

Name: MCCORMICK, JAMES DR Address: 22721 WILDERNESS WAY City-St-Zip: BOCA RATON, FL 33433 US

Title:

 Name:
 SEARS, AL MD

 Address:
 888 W. RAMBLING DR.

 City-St-Zip:
 WELLINGTON, FL 33414 US

Title: [

Name: ILEO, ANDREA

Address: 842 W ROMBLING DRIVE City-St-Zip: WELLINGTON, FL 33414

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: LOUISE MCCORMICK PRES 04/12/2012