

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004312

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: A NEW CONCEPT OF HEALING INSTITUTE, INC.

**Current Principal Place of Business:**

1300 LINCOLN RD, SUITE C1B  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

1313 PONCE DE LEON BLVD #301  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 398454  
MIAMI BEACH, FL 33239

**New Mailing Address:**

FEI Number: 65-0854444      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ACOSTA, JESUS  
1300 LINCOLN RD, SUITE C1B  
MIAMI BEACH, FL 33139 US

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

ACOSTA, JESUS  
5061 N BAY RD  
MIAMI BEACH, FL 33140 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:

04/23/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ACOSTA, JESUS  
Address: 1300 LINCOLN RD, SUITE C1B  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD ( ) Delete  
Name: ACOSTA, ANTHONY  
Address: 1300 LINCOLN RD, SUITE C1B  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ACOSTA, JESUS  
Address: 5061 N BAY RD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD (X) Change ( ) Addition  
Name: ACOSTA, ANTHONY  
Address: 5061 N BAY RD  
City-St-Zip: MIAMI BEACH, FL 33140

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: JESUS ACOSTA

PD

04/23/2008

Electronic Signature of Signing Officer or Director

Date