

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004312

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

5061 N BAY RD
MIAMI BEACH, FL 33139

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
5061 N BAY RD
MIAMI BEACH, FL 33140 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 () Delete
Name: ACOSTA, JESUS
Address: 5061 N BAY RD
City-St-Zip: MIAMI BEACH, FL 33140

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (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: ANTHONY ACOSTA

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date