

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004312

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

5061 N BAY RD  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

5061 N BAY RD  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

PO BOX 398454  
MIAMI BEACH, FL 33239

**New Mailing Address:**

5061 N BAY RD  
MIAMI BEACH, FL 33140

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

Title: VP  
Name: ACOSTA, ANTHONY  
Address: 5061 N BAY RD  
City-St-Zip: MIAMI BEACH, FL 33140

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:** JESUS ACOSTA

PD

04/04/2011

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

\_\_\_\_\_  
Date