

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000014426

FILED  
Feb 14, 2012  
Secretary of State

**Entity Name:** BARBARA BRENNAN SCHOOL OF HEALING, INC.

**Current Principal Place of Business:**

500 NE SPANISH RIVER BLVD.  
SUITE 208  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

500 NE SPANISH RIVER BLVD.  
SUITE 208  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 65-0996233      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DODGE, DIANE  
500 NE SPANISH RIVER BLVD.  
SUITE 208  
BOCA RATON, FL 33431 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: MS  
Name: BRENNAN, BARBARA  
Address: 500 NE SPANISH RIVER BLVD.  
City-St-Zip: BOCA RATON, FL 33431

Title: MS  
Name: DODGE, DIANE  
Address: 500 NE SPANISH RIVER BLVD SUITE 208  
City-St-Zip: BOCA RATON, FL 33431

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA A BRENNAN

MS.

02/14/2012

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

\_\_\_\_\_ Date