

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90239 044 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000016402

1. Entity Name

HEALING SYNERGY, INC.

Principal Place of Business

Mailing Address

7241 S.W. 63rd AVE.

7241 S.W. 63rd AVE.

MIAMI, FL 33143

MIAMI, FL 33143

2. Principal Place of Business

7241 S.W. 63rd AVE.

3. Mailing Address

7241 S.W. 63rd AVE.

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

SUITE 201

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0983585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

A0066907

6. Name and Address of Current Registered Agent

ARAZOZA, COMAS, de TORRES & FERNANDEZ

2100 SALZEDO STREET, SUITE 300
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

ARAZOZA & FERNANDEZ-FRAGA P.A.

Street Address (P.O. Box Number is Not Acceptable)

2100 SALZEDO STREET

SUITE 300

City

CORAL GABLES

FL

Zip Code

33134

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME PD
STREET ADDRESS KATHLEEN MANLOVE
CITY - ST - ZIP 7241 S.W. 63rd AVE., STE. 201
MIAMI, FL 33143

TITLE ☐ Change ☒ Addition
NAME VPD
STREET ADDRESS JOYCE GARNER
CITY - ST - ZIP 7241 S.W. 63rd AVE., STE. 201
MIAMI, FL 33143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #