AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT 21 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008566571
10/21/02--01040--025 **61.25

DOCUMENT # P01000056589

1. Entity Name
HEALING HEALTH CARE, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1500 Presidential Way	1500 Presidential Way
Suite, Apt. #, etc.: Ste. 402	Suite, Apt. #, etc.: Ste. 402
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. FEI Number: 65-1132118 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Tania Esbaile

Street Address (P.O. Box Number is Not Acceptable): 2006 Normandy Cir.

City: West Palm Beach FL Zip Code: 33409

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: _____ 10-18-02
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) ☐

January 1st-May 1: Fee is $160.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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	D/P/V
NAME	Michelle E. Libanor
STREET ADDRESS	2006 Normandy Cir.
CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	D/S/T
NAME	Tania Esbaile
STREET ADDRESS	2006 Normandy Cir.
CITY-ST-ZIP	West Palm Beach, FL 33409

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michelle E. Libanor 10-18-02 561-964927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michelle E. Libanor, President

CR2E034B (12/01)

JK 10/22/02