2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P02000010053

Entity Name: HEALING WAYS, P.A.

Current Principal Place of Business:

1520 EDGEWATER DR.
SUITE G
ORLANDO, FL 32804

New Principal Place of Business:

2820 CHARMONT DR.
APOPKA, FL 32703

Current Mailing Address:

6648 BRICKELL COURT
ORLANDO, FL 32809

New Mailing Address:

2820 CHARMONT DR.
APOPKA, FL 32703

FEI Number: 03-0379660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RASMUSSEN, MARNA G
6648 BRICKELL COURT
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

RASMUSSEN, MARNA G
2820 CHARMONT DR.
APOPKA, FL 32703 US

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: MARNA RASMUSSEN 04/26/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RASMUSSEN, MARNA G
Address: 6648 BRICKELL COURT
City-St-Zip: ORLANDO, FL 32809 FL

Title: V ( ) Delete
Name: THAMES, LYNN H
Address: 6648 BRICKELL COURT
City-St-Zip: ORLANDO, FL 32809 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RASMUSSEN, MARNA G
Address: 2820 CHARMONT DR.
City-St-Zip: APOPKA, FL 32703 FL

Title: V (X) Change ( ) Addition
Name: THAMES, LYNN H
Address: 2820 CHARMONT DR.
City-St-Zip: APOPKA, FL 32703 FL

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

SIGNATURE: MARNA RASMUSSEN P 04/26/2007
Electronic Signature of Signing Officer or Director Date