2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2012
Secretary of State

DOCUMENT# P02000102731

Entity Name: HOLISTIC FAMILY HEALTH CLINIC, P.A.

Current Principal Place of Business:

3620 S. HOPKINS AVE.
SUITE 101
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

PO BOX 259
SCOTTSMOOR, FL 32775

New Mailing Address:

FEI Number: 27-0032179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, DEBORAH A
6060 OAK ST
SCOTTSMOOR, FL 32754 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: D
Name: LEE, DEBORAH A
Address: PO BOX 259
City-St-Zip: SCOTTSMOOR, FL 32775

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: DEBORAH A LEE DIR 04/22/2012
Electronic Signature of Signing Officer or Director Date