

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124745

FILED  
Jan 08, 2012  
Secretary of State

**Entity Name:** HOLISTIC HEALTHCARE FOR WOMEN, INC.

**Current Principal Place of Business:**

1499 S. FEDERAL HWY  
APT 229  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

244 BISCAYNE BLVD  
APT 1909N  
MIAMI, FL 33132

**Current Mailing Address:**

1499 S. FEDERAL HWY  
APT 229  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

244 BISCAYNE BLVD  
APT 1909N  
MIAMI, FL 33132

**FEI Number:** 55-0808938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARYAMCHIK, ELENA  
1499 S. FEDERAL HWY  
APT 229  
BOYNTON BEACH, FL 33435 US

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

MARYAMCHIK, ELENA  
244 BISCAYNE BLVD  
APT 1909N  
MIAMI, FL 33132 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: ELENA MARYAMCHIK

01/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MARYAMCHIK, ELENA  
Address: 244 BISCAYNE BLVD APT 1909N  
City-St-Zip: MIAMI, FL 33132

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: ELENA MARYAMCHIK

DIR

01/08/2012

Electronic Signature of Signing Officer or Director

Date