

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044579

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** THE PHOENIX CENTER FOR HEALING, P.A.

**Current Principal Place of Business:**

11060 NORTH KENDALL DRIVE  
SUITE 7  
MIAMI, FL 33176

**New Principal Place of Business:**

9370 SW 72 STREET  
A280  
MIAMI, FL 33173 US

**Current Mailing Address:**

11060 NORTH KENDALL DRIVE  
SUITE 7  
MIAMI, FL 33176

**New Mailing Address:**

14875 SW 238 ST  
HOMESTEAD, FL 33032 US

**FEI Number:** 02-0718389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAFNER, BOB RA  
11060 NORTH KENDALE DRIVE  
MIAMI, FL 33176 US

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

HAFNER, BOB RA  
9370 SW 72 STREET  
A280  
MIAMI, FL 33173 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: BOB HAFNER

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: REYES, AIDA E  
Address: 9370 SW 72 STREET  
City-St-Zip: MIAMI, FL 33173 US

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: AIDA E REYES

PRES

04/30/2012

Electronic Signature of Signing Officer or Director

Date