2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# P05000061703

Entity Name: THE HEALING CARE, INC.

Current Principal Place of Business:

12956 SW 133RD CT - STE B
MIAMI, FL 33186

New Principal Place of Business:

8103 SW 24 STREET
MIAMI, FL 33155

Current Mailing Address:

12956 SW 133RD CT - STE B
MIAMI, FL 33186

New Mailing Address:

8103 SW 24 STREET
MIAMI, FL 33155

FEI Number: 20-2768659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MUSA, MAGALYS
12956 SW 133RD CT - STE B
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

MUSA, MAGALYS
8103 SW 24 STREET
MIAMI, FL 33155 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: _____ 01/26/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MUSA, MAGALYS
Address: 12956 SW 133RD CT - STE B
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MUSA, MAGALYS
Address: 8103 SW 24 STREET
City-St-Zip: MIAMI, FL 33155

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: MAGALYS MUSA PRES 01/26/2009
Electronic Signature of Signing Officer or Director — Date