

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000156488

Entity Name: HEALING ARTS DF 9, INC.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

834 SW 11 ST  
FT LAUDERDALE, FL 33315 US

**New Principal Place of Business:**

**Current Mailing Address:**

834 SW 11 ST  
FT LAUDERDALE, FL 33315 US

**New Mailing Address:**

FEI Number: 20-8128294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AQEEL, KAMEELAH  
834 SW 11 ST  
FT LAUDERDALE, FL 33315 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: P  
Name: AQEEL, KAMEELAH  
Address: 834 SW 11 ST  
City-St-Zip: FT LAUDERDALE, FL 33315 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: AQEEL KAMEELAH

P

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date