

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008626

Entity Name: HEALING COUCH, INC.

FILED  
Feb 08, 2011  
Secretary of State

**Current Principal Place of Business:**

4801 S. UNIVERSITY DR.  
215  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

10229 NW 33RD ST.  
SUNRISE,, FL 33351

**New Mailing Address:**

FEI Number: 76-0850328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLOOM, KRISTA A  
10229 NW 33RD ST.  
SUNRISE,, FL 33351 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: BLOOM, KRISTA A  
Address: 10229 NW 33RD ST.  
City-St-Zip: SUNRISE, FL 33351

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: KRISTA A. BLOOM

P

02/08/2011

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

\_\_\_\_\_  
Date