

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000081815

FILED
Mar 24, 2009
Secretary of State

Entity Name: HEALING HANDS PAIN RELIEF CENTER INC.

Current Principal Place of Business:

203 W 10 ST
LAKELAND, FL 33805

New Principal Place of Business:

2240 US HWY 92 EAST
LAKELAND, FL 33801

Current Mailing Address:

203 W 10 ST
LAKELAND, FL 33805

New Mailing Address:

HEALING HANDS PAIN RELIEF CENTER INC
PO BOX 496
LAKELAND, FL 33802

FEI Number: 35-2302984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNAND, KING
203 W 10 ST
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

FERNAND, KING
4633 WILLIAMSTOWN BLVD
LAKELAND, FL 33810 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: KING FERNAND

03/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete

Name: FERNAND, KING
Address: 4633 WILLIAMSTOWN BLVD
City-St-Zip: LAKELAND, FL 33810 US

Title: () Delete

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City-St-Zip: LAKELAND, FL 33810 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIRE () Change (X) Addition

Name: FERNAND, KING
Address: 4633 WILLIAMSTOWN BLVD
City-St-Zip: LAKELAND, FL 33810 US

Title: OFFI () Change (X) Addition

Name: FERNAND, KING
Address: 4633 WILLIAMSTOWN BLVD
City-St-Zip: LAKELAND, FL 33810 US

Title: OFFI () Change (X) Addition

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Title: OFFI () Change (X) Addition

Name: FERNAND, KING
Address: 4633 WILLIAMSTOWN BLVD
City-St-Zip: LAKELAND, FL 33810 US

Title: DIRE () Change (X) Addition

Name: FERNAND, KING
Address: 4633 WILLIAMSTOWN BLVD
City-St-Zip: LAKELAND, FL 33810 US

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: KING FERNAND

OFFI

03/24/2009

Electronic Signature of Signing Officer or Director

Date