

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000081815

FILED
Feb 19, 2011
Secretary of State

Entity Name: HEALING HANDS PAIN RELIEF CENTER INC.

Current Principal Place of Business:

1321 E MEMORIAL BLVD
203
LAKELAND, FL 33801

New Principal Place of Business:

1321 E MEMORIAL BLVD
LAKELAND, FL 33801

Current Mailing Address:

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

New Mailing Address:

FEI Number: 35-2302984 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FERNAND, KING
4633 WILLIAMSTOWN BLVD
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

FERNAND, KING
4639 DERBY DR
LAKELAND, FL 33809 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:

02/19/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIRE
Name: FERNAND, KING
Address: 4639 DERBY DR
City-St-Zip: LAKELAND, FL 33809 US

Title: OFFI
Name: FERNAND, KING
Address: 4639 DERBY DR
City-St-Zip: LAKELAND, FL 33809 US

Title: OFFI
Name: FERNAND, KING
Address: 4639 DERBY DR
City-St-Zip: LAKELAND, FL 33809 US

Title: OFFI
Name: FERNAND, KING
Address: 4639 DERBY DR
City-St-Zip: LAKELAND, FL 33809 US

Title: DIRE
Name: FERNAND, KING
Address: 4639 DERBY DR
City-St-Zip: LAKELAND, FL 33809 US

Title: DIRE
Name: FERNAND, KING
Address: 3946 DERBY DR
City-St-Zip: LAKELAND, FL 33809

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: KING FERNAND

DIRE

02/19/2011

Electronic Signature of Signing Officer or Director

Date