

P08000040108

Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN P.C.  
Account Number : I20070000020  
Phone : (813) 435-3176  
Fax Number : (813) 333-6358

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*  
Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE

HEALING HEALTH THERAPEUTICS AND ASSOCIATES,  
INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*RA [Signature]*

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HEALING HEALTH THERAPEUTICS AND ASSOCIATES, INC.  
 2. The principal office address: 16777 NW 91 CT MIAMI LAKES, FL 33018

3. The mailing address (if different): P.O. BOX 27-8582 MIRAMAR, FL 33027

4. Date of incorporation/qualification: 04/21/2008 Document number: P08000040108

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 NORTH DALE MABRY HWY SUITE 110  
TAMPA, FL 33618

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
13007 W. LINDBAUGH AVE STE 101  
P.O. Box NOT acceptable  
TAMPA - Florida 33626

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

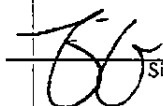
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\*   
 Signature of an officer or director

NILDA DOMINGUEZ

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
 Signature of Registered Agent

06/07/2013

Date

If signing on behalf of an entity:

NICKOLAS J. SPRADLIN, ESQ.

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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