## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000010592

Entity Name: THE INSTITUTE FOR NATURAL HEALING, INC.

FILED Apr 30, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7800 N. UNIVERSITY DRIVE 2717 E. OAKLAND PARK BLVD

101 2

TAMARAC, FL 33021 US FORT LAUDERDALE, FL 33306 US

Current Mailing Address: New Mailing Address:

7800 N. UNIVERSITY DRIVE 2717 E. OAKLAND PARK BLVD

TAMARAC, FL 33021 US FORT LAUDERDALE, FL 33306 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RUBENSTEIN, JON H
7800 N. UNIVERSITY DRIVE
101

RUBENSTEIN, JON H
2717 E. OAKLAND PARK BLVD.
201

TAMARAC, FL 33021 US FORT LAUDERDALE, FL 33306 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: JON RUBENSTEIN 04/30/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name: POTENZA, THOMAS J Address: 1209 NE 17TH AVENUE

City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: VP

Name: RUBENSTEIN, JON H
Address: 2717 E. OAKLAND PARK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33306 US

Title: S/T

 Name:
 RUBENSTEIN, ARTHUR E

 Address:
 401 BRINY AVENUE #615

 City-St-Zip:
 POMPANO BEACH, FL 33062 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: ARTHUR RUBENSTEIN S/T 04/30/2010