2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# P10000023445

Entity Name: HEALING LIFE SCIENCES, INC.

Current Principal Place of Business:

ONE INDEPENDENT DRIVE STE 2301
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE STE 2301
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 27-2140043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLBROOK, H.LEON III
ONE INDEPENDENT DRIVE STE 2301
JACKSONVILLE, FL 32202 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: D
Name: SLADE, THOMAS
Address: 124 HARBOURMASTER COURT
City-St-Zip: PONTE VEDRA BEACH, FL 320821511

Title: D
Name: MCGOWAN, P. TED
Address: 3695 SAN VISCAYA DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: D
Name: HOLBROOK, H. LEON III
Address: ONE INDEPENDENT DRIVE STE 2301
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: SLADE, JACK
Address: 8178 MADEIRA DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

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: TOM SLADE DIR 05/01/2012

Electronic Signature of Signing Officer or Director — Date