## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000045322

Entity Name: HEALING WELLNESS VQH & TLT CENTER, INC.

Apr 12, 2011 Secretary of State

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

4750 N FEDERAL HWY SUITE 202 18200 COLLINS AVENUE FT LAUDERDALE, FL 33308

200

SUNNY ISLES BEACH, FL 331602727 US

**Current Mailing Address: New Mailing Address:** 

4750 N FEDERAL HWY SUITE 202 18200 COLLINS AVENUE

FT LAUDERDALE, FL 33308 200

SUNNY ISLES BEACH, FL 331602727

FEI Number: 90-0585412 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KATES, ELIZABETH J COHN, SALOMON PHD 4411 NW TENTH ST 18200 COLLINS AVENUE

POMPANO BEACH, FL 33066 US 200 SUNNY ISLES BEACH, FL 331602727 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: SALOMON COHN, PHD 04/12/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

COHN, SALOMON PHD Name: 18200 COLLINS AVENUE Address:

City-St-Zip: SUNNY ISLES BEACH, FL 331602727 US

Title: DVP

Name: RAZ. RONNY

Address: 18200 COLLINS AVENUE

SUNNY ISLES BEACH, FL 331602727 US City-St-Zip:

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: SALOMON COHN.PHD **PRES** 04/12/2011