2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2012
Secretary of State

DOCUMENT# P11000043572

Entity Name: FLORIDA INSTITUTE OF HOLISTIC MEDICINE, INC.

Current Principal Place of Business:

565 MEMORIAL CIRCLE
#B
ORMOND, FL 32174

New Principal Place of Business:

632 GEORGETOWN DRIVE
#A
CASSELBERRY, FL 32707

Current Mailing Address:

PO BOX 290568
PORT ORANGE, FL 32129

New Mailing Address:

PO BOX 176
GOLDENROD, FL 32733

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

Name and Address of Current Registered Agent:

CORRALES, DULCE MARIA
565 MEMORIAL CIRCLE
#B
ORMOND, FL 32174 US

Name and Address of New Registered Agent:

CORRALES, DULCE MARIA
632 GEORGETOWN DRIVE
#A
CASSELBERRY, FL 32707 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: _____ 04/04/2012

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: CORRALES, DULCE MARIA
Address: PO BOX 176
City-St-Zip: GOLDENROD, FL 32733

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: DULCE MARIA CORRALES OWNE 04/04/2012

Electronic Signature of Signing Officer or Director — Date