2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2012
Secretary of State

DOCUMENT# P11000051788

Entity Name: LMN HEALING CENTER, INC.

Current Principal Place of Business:

1414 NW 107TH AVE.
SUITE 203
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

1281 SW 144TH CT
MIAMI, FL 33184 US

New Mailing Address:

FEI Number: 45-2452863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AVILA, MAITE
1414 NW 107TH AVE.
SUITE 204
MIAMI, FL 33172 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: PVST
Name: AVILA, MAITE
Address: 1281 SW 144TH CT
City-St-Zip: MIAMI, FL 33184 US

Title: D
Name: AVILA, MAITE
Address: 1414 NW 107TH AVE., STE. 203
City-St-Zip: MIAMI, FL 33172 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: MAITE AVILA PRES 03/26/2012

Electronic Signature of Signing Officer or Director Date