2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

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Entity Name: HEALING REFERRAL NETWORK, INC.

Current Principal Place of Business:

1021 SW 5TH STREET
SUITE #3
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

PO BOX 01-2327
MIAMI, FL 33101

New Mailing Address:

FEI Number: 45-2080203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELEAZER, KRISTIN
1021 SW 5TH STREET
SUITE #3
MIAMI, FL 33130 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: P
Name: ELEAZER, KRISTIN
Address: 1021 SW 5TH STREET; SUITE #3
City-St-Zip: MIAMI, FL 33130

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: KRISTIN ELEAZER MS 02/09/2012

Electronic Signature of Signing Officer or Director — Date