FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 4:06

DOCUMENT # P93000014839 (3)

THE HEALING EXPERIENCE, INC.

1304 SW 160 AVE
SUITE 344
SUNRISE FL 33326
US

1304 SW 160 AVE
SUITE 344
SUNRISE FL 33326
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1993
3a. Date of Last Report: 03/17/1994
4. FEI Number: 65-0371863 — Applied For / Not Applicable
5. Certificate of Status Desired: $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

DURSO, ALBERT M 2756 OAKBROOK MANOR
1580 HARBOUR SIDE DR FT. LAUD, FLA. 33332
FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. [illegible] Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office [illegible] Florida Statutes. [illegible] I hereby accept the appointment as registered agent. I am [illegible]

Albert M. Durso — Albert M. Durso — 1-10-95
[illegible] — DATE

12. [illegible] NAME, TITLE

DPTS
DURSO, ALBERT M 2756 OAKBROOK MANOR
1580 HARBOUR SIDE DR FT. LAUD, FLA. 33332
FT LAUDERDALE FL 33326

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change / Addition

14. [illegible] that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further [illegible] that the information contained in the annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this 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 an arrow.

SIGNATURE: Albert M. Durso — 1-10-95 — 305-384-6109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
Albert M. Durso

0234033 CP