

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000052463

FILED
Mar 31, 2009
Secretary of State

Entity Name: THE HEALING CENTER FOR ALTERNATIVE MEDICINE, P.A.

Current Principal Place of Business:

16244 S MILITARY TRAIL
STE 120
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

16244 S MILITARY TRAIL
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 65-0800612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELISHAKOFF, ESTHER C C.P.A.
16244 S MILITARY TRAIL
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

ELISHAKOFF, ESTHER
16244 S MILITARY TRAIL
DELRAY BEACH, FL 33484 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: ESTHER ELISHAKOFF

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ELISHAKOFF, ESTHER
Address: 5164 COLUMBO COURT
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ESTHER ELISHAKOFF

D

03/31/2009

Electronic Signature of Signing Officer or Director

Date