

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000052463

**FILED**  
**Mar 09, 2011**  
**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  
16244 S MILITARY TRAIL  
DELRAY BEACH, FL 33484 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:** D  
**Name:** ELISHAKOFF, ESTHER  
**Address:** 5164 COLUMBO COURT  
**City-St-Zip:** DELRAY BEACH, FL 33484

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:** ESTER ELISHAKOFF

D

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date