

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003350

**Entity Name:** CENTER FOR LOSS AND HEALING, INC

**Current Principal Place of Business:**

9002 W HILLSBOROUGH AVE  
TAMPA, FL 33615

**Current Mailing Address:**

9002 W HILLSBOROUGH AVE  
TAMPA, FL 33615

**FEI Number: 26-2342617**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MCNAMARA, DEANNE M  
Address 9002 W HILLSBOROUGH AVE  
City-State-Zip: TAMPA FL 33615

Title VP  
Name OLU-JORDAN, BOLA  
Address BLOCK 49 OKEBADAN ESTATE,  
AKOBO  
City-State-Zip: IBADAN

Title EA  
Name FRANCOIS, MAGDA  
Address 10202 DOUGLAS OAKS CIRCLE APT  
104  
City-State-Zip: TAMPA FL 33610

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DEANNE MARIE MCNAMARA**

**PRESIDENT**

**01/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date