2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2020
Secretary of State
6456824135CC

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Entity Name: HEALING ARTS INSTITUTE OF SOUTH FLORIDA INTERNATIONAL INC

Current Principal Place of Business:

4699 N. STATE ROAD 7
SUITE B1
TAMARAC, FL 33319

Current Mailing Address:

4699 N. STATE ROAD 7
SUITE B1
TAMARAC, FL 33319 US

FEI Number: 47-4660407

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TENNIE, THELMA
4699 N STATE ROAD 7
SUITE B1
TAMARAC, FL 33319 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: THELMA TENNIE 06/03/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT AND CEO	Title	VP
Name	TENNIE, THELMA PHD	Name	OSBORNE-WILLIAMS, RON
Address	4699 N. STATE ROAD 7 SUITE B1	Address	4699 N. STATE ROAD 7 SUITE B1
City-State-Zip:	TAMARAC FL 33319	City-State-Zip:	TAMARAC FL 33319
Title	TREASURER/ CFO	Title	EXECUTIVE SECRETARY
Name	TENNIE, EDDIE	Name	HAMILTON , JOHNNIYA
Address	4699 N. STATE ROAD 7 SUITE B1	Address	4699 N. STATE ROAD 7 SUITE B1
City-State-Zip:	TAMARAC FL 33319	City-State-Zip:	TAMARAC FL 33319
Title	DIRECTOR OF PROGRAM EXPANSIONS		
Name	BROWN , SARA		
Address	4699 N. STATE ROAD 7 SUITE B1		
City-State-Zip:	TAMARAC FL 33319		

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: DR THELMA TENNIE PRESIDENT AND CEO 06/03/2020

Electronic Signature of Signing Officer/Director Detail — Date