

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000012314

**Entity Name:** HEALING XCHANGE INC.**Current Principal Place of Business:**13890 NE 3RD COURT  
415  
NORTH MIAMI, FL 33161**Current Mailing Address:**13890 NE 3RD COURT  
415  
NORTH MIAMI, FL 33161 US**FEI Number:** 86-2106856**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROUCHON, MARCELLE  
13890 NE 3RD CT.  
415  
NORTH MIAMI, FL 33161 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	ED
Name	ROUCHON, MARCELLE
Address	13890 NE 3RD COURT APT 415
City-State-Zip:	NORTH MIAMI FL 33161

Title	TR
Name	ROUCHON, ROBERT
Address	13890 NE 3RD COURT APT 415
City-State-Zip:	NORTH MIAMI FL 33161

Title	SEC
Name	OVALLE, KIANA
Address	13890 NE 3RD COURT APT 415
City-State-Zip:	NORTH MIAMI FL 33161

Title	MEDIA COORDINATOR
Name	ROUCHON, PHILLIP M
Address	13890 NE 3RD COURT APT # 415
City-State-Zip:	NORTH MIAMI FL 33161

Title	MEDIA COORDINATOR
Name	ROUCHON, PHILLIP M
Address	415
City-State-Zip:	NORTH MIAMI FL 33161

*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:** ROUCHON, MARCELLE**FOUNDER/EXECUTIVE  
DIRECTOR****04/27/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date