

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000014737

**Entity Name:** EPIC HEALING NPO INC

**Current Principal Place of Business:**

112 PALM CIR  
MELBOURNE, FL 32940-7203

**Current Mailing Address:**

112 PALM CIR  
MELBOURNE, FL 32940-7203 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HAHN, RENEE  
112 PALM CIR  
MELBOURNE, FL 32940-7203 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 P  
Name HAHN, RENEE  
Address 112 PALM CIR  
City-State-Zip: MELBOURNE FL 32940-7203

Title TS  
Name HAHN, VICTORIA  
Address 112 PALM CIR  
City-State-Zip: MELBOURNE FL 32940-7203

Title D  
Name WHITE, JENYSE  
Address 112 PALM CIR  
City-State-Zip: MELBOURNE FL 32940-7203

Title D  
Name DANESH, DERECCA  
Address 112 PALM CIR  
City-State-Zip: MELBOURNE FL 32940-7203

Title D  
Name WHITE, JAMES  
Address 112 PALM CIR  
City-State-Zip: MELBOURNE FL 32940-7203

*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:** VICTORIA HAHN

**PRESIDENT**

**05/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date