

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008626

Entity Name: HEALING COUCH, INC.

Current Principal Place of Business:

4801 S. UNIVERSITY DR.
215
DAVIE, FL 33328

Current Mailing Address:

8718 NW 76 CT.
TAMARAC, FL 33321 US

FEI Number: 76-0850328

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BLOOM, KRISTA A
8718 NW 76 CT.
TAMARAC, FL 33321 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 BLOOM, KRISTA A
Address 8718 NW 76 CT
City-State-Zip: TAMARAC FL 33321

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: KRISTA BLOOM, PH.D. LCSW

PRINCIPAL

04/20/2014

Electronic Signature of Signing Officer/Director Detail

Date