

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000008626

**Entity Name:** HEALING COUCH, INC.

**Current Principal Place of Business:**

4801 S. UNIVERSITY DR.  
205  
DAVIE, FL 33328

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC6506365587**

**Current Mailing Address:**

10229 NW 33RD ST.  
SUNRISE,, FL 33351

**FEI Number: 76-0850328**

**Certificate of Status Desired: No**

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

BLOOM, KRISTA A  
10229 NW 33RD ST.  
SUNRISE,, FL 33351 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 10229 NW 33RD ST.  
City-State-Zip: SUNRISE FL 33351

*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 A. BLOOM**

**PRESIDENT**

**04/30/2013**

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

\_\_\_\_\_  
Date