

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000057441

Entity Name: HEALING HANDS INSTITUTE INC.

Current Principal Place of Business:

2141 SW 1 ST STE 202
MIAMI, FL 33135

Current Mailing Address:

2141 SW 1 ST STE 202
MIAMI, FL 33135

FEI Number: 90-0630925

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BETTER LIFE HOME HEALTH INC
10300 SW 72 ST
155
MIAMI, FL 33173 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	Title	V
Name	MUSE, BEATRIZ	Name	MUSE, LAZARO
Address	2141 SW 1 ST STE 202	Address	2141 SW 1 ST STE 202
City-State-Zip:	MIAMI FL 33135	City-State-Zip:	MIAMI FL 33135

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: BEATRIZ MUSE

PRESIDENT

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date