2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2014
Secretary of State
CC0154631363

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Entity Name: FLORIDA HYPNOTHERAPY CENTER, INC.

Current Principal Place of Business:

13500 SUTTON PARK DR S STE 602
JACKSONVILLE, FL 32224

Current Mailing Address:

13500 SUTTON PARK DR S STE 602
JACKSONVILLE, FL 32224

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRIMES, JEANNE
13500 SUTTON PARK DR S STE 602
JACKSONVILLE, FL 32224 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	DIRECTOR	Title	PRESIDENT
Name	GRIMES, JEANNE R	Name	REMINGTON, JEANNE W
Address	13500 SUTTON PARK DR S STE 602	Address	13500 SUTTON PARK DR S STE 602
City-State-Zip:	JACKSONVILLE FL 32224	City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	UNITED MEDICAL ALLIANCE
Address	13500 SUTTON PARK DR S STE 602
City-State-Zip:	JACKSONVILLE FL 32224

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: JEANNE R GRIMES DIRECTOR 01/30/2014

Electronic Signature of Signing Officer/Director Detail — Date