

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000079946

Entity Name: SUPPORTIVE HEALING CENTER INC.

Current Principal Place of Business:

6801 LAKE WORTH RD
SUITE 202
GREENACRES, FL 33467

Current Mailing Address:

6801 LAKE WORTH RD
SUITE 202
GREENACRES, FL 33467 US

FEI Number: 46-1087589

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, DANA K
6801 LAKE WORTH RD
SUITE 202
GREENACRES, FL 33467 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 COHEN, DANA K
Address 6801 LAKE WORTH RD
SUITE 202
City-State-Zip: GREENACRES FL 33467

Title PUSP
Name BLACKMAN, LORI D
Address 6801 LAKE WORTH RD
SUITE 202
City-State-Zip: GREENACRES FL 33467

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: LORI BLACKMAN

CO-OWNER

03/09/2018

Electronic Signature of Signing Officer/Director Detail

Date