

**2015 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000093089

**Entity Name:** HEALING COUNSELING INC

**Current Principal Place of Business:**

10400 SW STEPHANIE WAY  
PORT ST LUCIE, FL 34987

**Current Mailing Address:**

10400 SW STEPHANIE WAY  
PORT ST LUCIE, FL 34987

**FEI Number:** 46-1340585

**Certificate of Status Desired:** No

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

MEDINA, ROBERT  
10400 SW STEPHANIE WAY  
PORT ST LUCIE, FL 34987 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:** ROBERT MEDINA

06/29/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MEDINA, ROBERT  
Address 10400 SE STEPHANIE WAY  
City-State-Zip: PORT ST LUCIE FL 34987

*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:** ROBERT MEDINA

P

06/29/2015

Electronic Signature of Signing Officer/Director Detail

Date