

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000003198

**Entity Name:** IMMANUEL HEALING ROOM, INC

**Current Principal Place of Business:**

4179 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

4179 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

**FEI Number: 81-1022958**

**Certificate of Status Desired: No**

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

REID, LORNA  
4179 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319 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: LORNA REID**

**02/06/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name REID, LORNA  
Address 4179 NORTH STATE ROAD 7  
City-State-Zip: LAUDERDALE LAKES FL 33319

*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: LORNA REID**

**OWNER**

**02/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date