

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000018741

**Entity Name:** WHITE CRANE HEALING ARTS CENTER, INC.

**Current Principal Place of Business:**

7071 W COMMERCIAL BLVD  
2-C  
FORT LAUDERDALE, FL 33319

**Current Mailing Address:**

7071 W COMMERCIAL BLVD  
2-C  
FORT LAUDERDALE, FL 33319 US

**FEI Number: 65-0560277**

**Certificate of Status Desired: No**

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

IBORRA, FRANK  
11470 NW 38 PL  
SUNRISE, FL 33323-1104 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 PD  
Name IBORRA, FRANK  
Address 11470 NW 38 PL  
City-State-Zip: SUNRISE FL 33323

Title VD  
Name IBORRA, MARION  
Address 11470 NW 38 PL  
City-State-Zip: SUNRISE FL 33323-1104

*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: FRANK IBORRA**

**PRESIDENT**

**03/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date