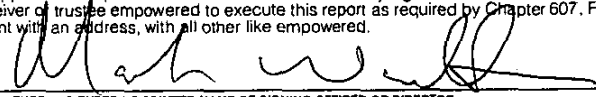


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90023 023 ***150.00

DOCUMENT # P02000043501 1. Entity Name ADVANCED HEALING ARTS MEDICAL CENTER, P.A.					
Principal Place of Business 2365 S. TAMiami TRAIL SARASOTA, FL 34239			Mailing Address 2365 S. TAMiami TRAIL SARASOTA, FL 34239		
2. Principal Place of Business 15 Paradise Plaza Suite, Apt. #, etc. #300		3. Mailing Address 15 Paradise Plaza Suite, Apt. #, etc. #300			
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 90-0018807	
Zip 34239		Country Sarasota		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTER, MARK V 2365 S. TAMiami TRAIL SARASOTA, FL 34239				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15 Paradise Plaza #300 City Sarasota FL Zip Code 34239	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEWIS, SUSAN PO BOX 5217 SARASOTA, FL 34277 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD WALTER, MARK V MD 2365 S. TAMiami TRAIL SARASOTA, FL 34239 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: x  3/30/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: #					