

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043501

FILED
Jan 16, 2006
Secretary of State

Entity Name: ADVANCED HEALING ARTS MEDICAL CENTER, P.A.

Current Principal Place of Business:

15 PARADISE PLAZA #300
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

15 PARADISE PLAZA #300
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 90-0018807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTER, MARK V
15 PARADISE PLAZA #300
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: LEWIS, SUSAN
Address: PO BOX 5217
City-St-Zip: SARASOTA, FL 34277

Title: MD () Delete
Name: WALTER, MARK V MD
Address: 2365 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK WALTER

OFFI

01/16/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date