

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90183 013 ***158.75

0156876
AV

DOCUMENT # F96000003945

1. Entity Name
**HEALING VISIONS INSTITUTE FOR ADDICTION RECOVERY
, LIMITED, INC.**



Principal Place of Business
**2411 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020**

Mailing Address
**2411 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **98-0174993**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GELLER, JOSEPH S
2411 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 **D** ☐ Delete
NAME **MASH, DEBORAH C**
STREET ADDRESS **2411 HOLLYWOOD BOULEVARD**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **D** ☐ Change ☐ Addition
NAME **MASH, DEBORAH C**
STREET ADDRESS **2411 HOLLYWOOD BOULEVARD**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **VD** ☐ Delete
NAME **GELLER, JOSEPH S**
STREET ADDRESS **2411 HOLLYWOOD BOULEVARD**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **VD** ☐ Change ☐ Addition
NAME **GELLER, JOSEPH S**
STREET ADDRESS **2411 HOLLYWOOD BOULEVARD**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **PD** ☐ Delete
NAME **KUEHNE, BENEDICT P**
STREET ADDRESS **100 S.E. 2ND STREET #3550**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PTD** ☒ Change ☐ Addition
NAME **KUEHNE, BENEDICT P**
STREET ADDRESS **100 S.E. 2nd STREET #3550**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **TD** ☐ Delete
NAME **TYLER, MICHAEL**
STREET ADDRESS **1031 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ Change ☐ Addition
NAME **TYLER, MICHAEL**
STREET ADDRESS **1031 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ Delete
NAME **TALMERS, LYDIA**
STREET ADDRESS **30310 RCR 14E**
CITY-ST-ZIP **STEAMBOAT CO 80477**

TITLE **D** ☐ Change ☐ Addition
NAME **TALMERS, LYDIA**
STREET ADDRESS **30310 RCR 14E**
CITY-ST-ZIP **STEAMBOAT CO 80477**

TITLE **S** ☐ Delete
NAME **HEARN, LEE W**
STREET ADDRESS **6321 SW 136 AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

TITLE **S** ☐ Change ☐ Addition
NAME **HEARN, LEE W**
STREET ADDRESS **6321 SW 136 AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:

Joseph S. Geller, VP 4/23/03 305 949 6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)