FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G17822 (9)

1. Corporation Name
THE HEALING ARTS CENTER, INC.

Principal Place of Business	Mailing Address
4432 NW 23RD AVE SUITE 3 GAINESVILLE FL 32606	4432 N W 23RD AVE SUITE 3 GAINESVILLE FL 32606 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/06/1983
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business
21: 2631 NW 41ST ST.
22 Suite, Apt. #, etc.: SUITE B-2
23 City & State: GAINESVILLE, FLA.
24 Zip: 32606
25 Country: USA

2a. Mailing Address
26: same
27 Suite, Apt. #, etc.: same
28 City & State: same
29 Zip: same
30 Country: same

4. FEI Number: 59-2309947 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOLE, DAVID N.
4432 NW 23RD AVENUE
SUITE 3
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name: same
82 Street Address (P.O. Box Number is Not Acceptable): 2631 NW 41ST ST.
83: SUITE B-2
84 City: GAINESVILLE FL 85 Zip Code: 32606

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☑ Change ☐ Addition
NAME	BOLE, DAVID N	1.2 NAME		
STREET ADDRESS	4432 N W 23RD AVE SUITE 3	1.3 STREET ADDRESS	2631 NW 41ST ST., SUITE B-2	
CITY-ST-ZIP	GAINESVILLE, FL 00000	1.4 CITY-ST-ZIP	GAINESVILLE, FL, 32606	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David N. Bole DAVID N. BOLE 4/2/95 904 3712683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000330 CP