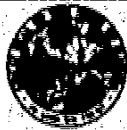


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

**4432 NW 23RD AVE
SUITE 3
GAINESVILLE FL 32606**

Mailing Address

**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

4. FEI Number

59-2309947

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 2631 NW 41ST ST.

2a. Mailing Address

26 same

Suite, Apt. #, etc.

22 SUITE B-2

Suite, Apt. #, etc.

27 same

City & State

23 GAINESVILLE, FLA.

City & State

28 same

Zip

24 32606

Country

25 USA

Zip

29 same

Country

30 same

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

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

Signature, typed or printed name of registered agent and LSE # (if applicable).

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

**DP
BOLE, DAVID N
4432 N W 23RD AVE SUITE 3
GAINESVILLE, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **2631 NW 41ST ST., SUITE B-2**

1.4 CITY - ST - ZIP **GAINESVILLE, FL. 32606**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(2)(b), 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 changing, or on an attachment with an address.

SIGNATURE: **DAVID N. BOLE**

4/2/95

904 3712883