

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G17822 (9)
1. Corporation Name
THE HEALING ARTS CENTER, INC.



Principal Place of Business
**2631 NW 41ST ST.
SUITE B-2
GAINESVILLE FL 32606
US**

Mailing Address
**2631 NW 41ST STREET
SUITE B-2
GAINESVILLE FL 32606
US**

2. Principal Place of Business
21 **1705 NW 6th STREET**
Suite, Apt. #, etc.
22
City & State
23 **GAINESVILLE FL**
Zip Country
24 **32609** 25 **USA**

2a. Mailing Address
26 **1705 NW 6th STREET**
Suite, Apt. #, etc.
27
City & State
28 **GAINESVILLE FL**
Zip Country
29 **32609** 30 **USA**

3. Date Incorporated or Qualified **01/06/1983**
3a. Date of Last Report **04/26/1995**
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.
2631 NW 41ST STREET
SUITE B-2
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name **SAME AGENT**
82 Street Address (P.O. Box Number is Not Acceptable)
1705 NW 6th ST.
83
84 City **GAINESVILLE** 85 Zip Code **32609**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/10/96

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	DP			<input type="checkbox"/>
	BOLE, DAVID N	2631 NW 41ST STREET SUITE B-2	GAINESVILLE, FL 00000	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	SAME			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SAME	1705 NW 6 th STREET	GAINESVILLE, FL 32609		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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 617, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

(DATE)

(352) 371-2833

DAYTIME PHONE

CR2E034 (3/96)