

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90006 043 ***150.00

00046336

DO NOT WRITE IN THIS SPACE

DOCUMENT #
1. Entity Name

The Healing Center, Inc.

Principal Place of Business
505 South Orange Avenue
Sarasota, FL 34236

2. Principal Place of Business
505 South Orange Ave
Suite, Apt. #, etc.
SARASOTA, FL

3. Mailing Address
505 South Orange Ave.
Suite, Apt. #, etc.
SARASOTA, FL

City & State
SARASOTA, FL

Zip
34236

Country
USA

4. FEI Number
650107872

Applied For
Not Applicable

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

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HARVEY KALTSAS
505 South Orange Avenue
SARASOTA, FL 34236

7. Name and Address of New Registered Agent
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.
SIGNATURE Harvey Kaltsas, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-19-01
DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back.)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.
\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE NAME PRESIDENT, V.P., Treasurer/Secy
STREET ADDRESS HARVEY KALTSAS
CITY-ST-ZIP 505 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harvey Kaltsas, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01 941-366-1110
Date Daytime Phone #