

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 23 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M64690

1. Entity Name  
ACADEMY OF HEALING ARTS, MASSAGE & FACIAL  
SKIN CARE, INC.



Principal Place of Business  
3141 S. MILITARY TRAIL  
LAKE WORTH, FL 33463

Mailing Address  
3141 S. MILITARY TRAIL  
LAKE WORTH, FL 33463



01142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0035062

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

ARTEMIK, ANGELA K.  
550 SKYLAKE DR  
WEST PALM BEACH, FL 33415

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, 2004 Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
ARTEMIK, MILLARD J  
550 SKYLAKE DR  
WEST PALM BEACH, FL 33415 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
ARTEMIK, ANGELA K.  
550 SKYLAKE DR  
WEST PALM BEACH, FL 33415 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700028321717  
02/06/04--01023--032 \*\*150.00

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANGELA K. ARTEMIK

1-21-2004 561-967-0899