

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000443

1. Entity Name

HEALING HANDS REHABILITATION RANCH INC.

FILED
Aug 11, 2002 8:00 am
Secretary of State

0001322

08-11-2002 90171 001 ****61.25

Principal Place of Business		Mailing Address	
4305 SPRINGFIELD ST JACKSONVILLE FL 32206		4025 FAIRFAX ST JACKSONVILLE FL 32209 4305 Springfield Blvd Jax. FL 32206	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HILTON, ROGENIA S 4025 FAIRFAX ST. JACKSONVILLE FL 32209		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 _____			
After September 13, 2002, min. will be \$236.25.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
EX HILTON, ROGENIA 4025 FAIRFAX ST JACKSONVILLE FL 32209		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D HI, RHIM 2968 BREVE DR JACKSONVILLE FL 32209		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D THOMAS, TINY 7008 RHODE ISLAND E DRIVE JACKSONVILLE FL 32209		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D LAMB, WILLIE 5023 DONNY BROOK AVE JACKSONVILLE FL 32208		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D HARRIS, Dianne 10849 Hampton Rd. Jax., FL 32257		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 title empowered.

SIGNATURE: *ROGENIA S HILTON*

8-5-02

CR2E037 (4/02)