

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90085 026 \*\*\*\*\*70.00

**DOCUMENT # N00000004120**

1. Entity Name

**HEALING PARTNERS, INCORPORATED**

Principal Place of Business

**8509 N. 29TH ST.  
TAMPA FL 33604**

Mailing Address

**8509 N. 29TH ST.  
TAMPA FL 33604**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59 3660 730**

Applied For

Not Applicable

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

**AMMONS, ROSE MARY  
1440 RIVERSIDE DR.  
TARPO SPRINGS FL 34689**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME FINNEGAN, JOANNE  
STREET ADDRESS 19405 MELODY FAIR PL.  
CITY-ST-ZIP LUTZ FL 33549

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **Jolly, S. Jean**  
STREET ADDRESS **4901 San Jose st**  
CITY-ST-ZIP **Tampa FL 33629**

TITLE VD ☐ Delete  
NAME AMMONS, ROSE MARY  
STREET ADDRESS 1440 RIVERSIDE DR.  
CITY-ST-ZIP TARPO SPRINGS FL 34689

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

TITLE SD ☐ Delete  
NAME BERGMAN, CHRISTINE M  
STREET ADDRESS 609 2ND ST. #3  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

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

TITLE TD ☐ Delete  
NAME VAN BROEKHOVEN, LISA R  
STREET ADDRESS 1524 LIVINGSTON RD.  
CITY-ST-ZIP LUTZ FL 33549

TITLE **DIRECTOR** ☒ Change ☐ Addition  
NAME **VAN Broekhoven, Lisa R**  
STREET ADDRESS **1524 Livingston Rd**  
CITY-ST-ZIP **Lutz, FL 33549**

TITLE D ☐ Delete  
NAME MCCLAIN, MARGARET  
STREET ADDRESS 8509 N. 29TH ST.  
CITY-ST-ZIP TAMPA FL 33604

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

TITLE D ☐ Delete  
NAME FINGAR, SCOTTIE J  
STREET ADDRESS 614 S. OREGON AVE.  
CITY-ST-ZIP TAMPA FL 33606

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

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 like empowered.

SIGNATURE: **Rose-Mary Ammons** **4/20/01** **727 937-2284**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)