

2001 UNIFORM BUSINESS REPORT (UBR)

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

Zip

Country

Applied For
Not Applicable

4. FEI Number

59 3660 730

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMMONS, ROSE MARY
1440 RIVERSIDE DR.
TARPON SPRINGS FL 34689

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treasurer
Jolly, S. Jean
4901 San Jose St
Tampa FL 33629

Change

Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
VAN Broekhoven, Lisa R
1524 Livingston Rd.
Lutz, FL 33549

Change

Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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

Delete

TITLE
NAME
STREET ADDRESS
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 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 #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)