

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2004
Secretary of State**

DOCUMENT# N01000007613

Entity Name: BODY AND SOUL - THE ART OF HEALING, INC.

Current Principal Place of Business:

9943 MERLIN DRIVE EAST
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

9943 MERLIN DRIVE EAST
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 04-3593897 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS, JAMES E
9943 MERLIN DRIVE EAST
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JENKINS, JAMES E
Address: 9943 MERLIN DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: IBACH, JOHN R JR M.D.
Address: 904 GREENRIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: BRYAN, J.F. IV
Address: ONE INDEPENDENT DRIVE #3201
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: GARTLAND, MAUREEN
Address: 1750 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: ABRAMSON, NEIL M.D.
Address: 1235 SAN MARCO BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. JENKINS

ED

02/17/2004

Electronic Signature of Signing Officer or Director

Date