

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007613

FILED  
Apr 01, 2005  
Secretary of State

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

D

04/01/2005

Electronic Signature of Signing Officer or Director

Date