

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90039 003 ****61.25

DOCUMENT # N02000005228

1. Entity Name

INSTITUTE FOR THE HEALING ARTS, INC.



Principal Place of Business

PO BOX 180623
TALLAHASSEE FL 32318

Mailing Address

PO BOX 180623
TALLAHASSEE FL 32318



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

51-0419223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BUSSIERE, LORETTA
4801 EASY STREET
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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

Loretta A. Bussiere

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

(NOTE: Registered Agent signature required when registering)

2-7-07

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	BUSSIERE, LORETTA	
STREET ADDRESS	4801 EASY ST	
CITY-STATE-ZIP	TALLAHASSEE FL 32303	
TITLE	V	☐ Delete
NAME	ANGRESS, CANDICE	
STREET ADDRESS	474 GREAT OAKS BLVD	
CITY-STATE-ZIP	MONTICELLO FL 32344	
TITLE	S	☐ Delete
NAME	LOSANO, TERI	
STREET ADDRESS	2005 CHILI NENE	
CITY-STATE-ZIP	TALLAHASSEE FL 32301	
TITLE	T	☐ Delete
NAME	BALDWIN, ANGELA	
STREET ADDRESS	2014 CASA LINDA COURT	
CITY-STATE-ZIP	TALLAHASSEE FL 32303	
TITLE	D	☐ Delete
NAME	STAHELEK, SHARON	
STREET ADDRESS	9901 N ORACLE RD	
CITY-STATE-ZIP	TUCSON AZ 85737	
TITLE	D	☐ Delete
NAME	IZQUIERDO, AIDA DR	
STREET ADDRESS	8882 NW 177TH TERR	
CITY-STATE-ZIP	HIALEAH FL 33018	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☒ Change ☐ Addition
NAME	Parker, Candice	
STREET ADDRESS	474 Great Oaks Blvd	
CITY-STATE-ZIP	Monticello, FL 32344	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Loretta A. Bussiere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-07

Date

Daytime Phone #

ATTACHMENT

40019324

N02 000005228

1-1-07

Institute for the Healing Arts, Inc.
P.O. Box 180623
Tallahassee, Florida 32318
(850) 510-3413

Board Membership listing:

Candance Parker, AP, Dipl. AC.
474 Great Oaks Blvd.
Monticello, FL 32344

Angela Baldwin
4242 Little Osprey
Tallahassee, FL 32303

Loretta Bussiere, M.S.W.
4801 Easy Street
Tallahassee, FL 32303

Teri Losano
2005 Chuli Nene
Tallahassee, FL 32301

Dr. Aida Izquierdo, Psy.D.
8882 N.W. 177th Terr.
Hialeah, FL 33018

Dr. Sharon Hull, MD, MPH
3525 Sandwood Drive
Springfield, IL 62711

Estrella Gonzalez
8882 N.W. 177th Terr.
Hialeah, FL 33018

Jeannette Reed
182 Stephens Rd.
Cairo, GA 39828

Sharon Stahelek, RNC, HNC
1778 Guess Ct.
Rio Rico, AZ 85648

Marcela Rivera-Fuentes, LMHC, CAP
4031 N. Cypress Dr. #201
Pompano Beach, FL 33069