

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90118 013 *****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**BUSSIÈRE, LORETTA
4801 EASY STREET
TALLAHASSEE FL 32303**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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: LORETTA A. BUSSIÈRE **3-25-03** **872-3664**

CR2E037 (10/02)

J. H. Chment

Institute for the Healing Arts
P.O. Box 180623
Tallahassee, FL 32318

90064088
NO 200005228

Executive Committee

Loretta Bussiere Title: **President**
4801 Easy Street
Tallahassee, FL 32303

Candice Angress Title: **Vice President**
474 Great Oaks Blvd.
Monticello, FL 32344

Teri Losano Title: **Secretary**
1767 Hermitage Blvd #8303
Tallahassee, FL 32308

Angela Baldwin Title: **Treasurer**
2014 Casa Linda Ct.
Tallahassee, FL 32303

Board Members

Sharon Stahelek
485 N. Pine Island Rd. #105A
Plantation, FL 33324

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

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

Marcela Rivera – Fuentes
4031 N. Cypress Dr. #201
Pompano, FL 33069

Dr. Isis Sanchez
2300 S.W. 56th Ave
Gainesville, FL 32608

Dr. Sharon Hull
2317 Rt. 148
Marion, IL 62959

Jeannette Reed
#4 Parkview Drive
McCook, NE 69001