



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90428 013 ****61.25

DOCUMENT # N04000006717 1. Entity Name HEALING ART CENTER, INC.																																																																																													
Principal Place of Business 5301 CYPRESS STREET SUITE 111 TAMPA, FL 33607				Mailing Address 5301 CYPRESS STREET SUITE 111 TAMPA, FL 33607																																																																																									
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center; font-size: 1.2em; font-weight: bold;">66019934</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 04252005 Chg-NP CR2E037 (10/03) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 4. FEI Number 20 1348201 Applied For Not Applicable </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>																																																																																									
6. Name and Address of Current Registered Agent TREITMAN, NEIL 5301 CYPRESS STREET SUITE 111 TAMPA, FL 33607				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																													
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD TREITMAN, NEIL <input type="checkbox"/> Delete</td> <td style="width: 20%;">STREET ADDRESS</td> <td style="width: 20%;">5301 CYPRESS STREET SUITE 111</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">TAMPA, FL 33607</td> </tr> <tr> <td>TITLE</td> <td>VD TREITMAN, JOCELYN N <input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td>5301 CYPRESS STREET SUITE 111</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">TAMPA, FL 33607</td> </tr> <tr> <td>TITLE</td> <td>STD HALL, ADRIENNE <input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td>5301 CYPRESS STREET SUITE 111</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">TAMPA, FL 33607</td> </tr> <tr> <td>TITLE</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"> </td> </tr> <tr> <td>TITLE</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"> </td> </tr> <tr> <td>TITLE</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"> </td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> <td style="width: 20%;">STREET ADDRESS</td> <td style="width: 20%;"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"> </td> </tr> <tr> <td>TITLE</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"> </td> </tr> <tr> <td>TITLE</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"> </td> </tr> <tr> <td>TITLE</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"> </td> </tr> <tr> <td>TITLE</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"> </td> </tr> </table> </div> </div>						TITLE	PD TREITMAN, NEIL <input type="checkbox"/> Delete	STREET ADDRESS	5301 CYPRESS STREET SUITE 111	CITY-ST-ZIP	TAMPA, FL 33607			TITLE	VD TREITMAN, JOCELYN N <input type="checkbox"/> Delete	STREET ADDRESS	5301 CYPRESS STREET SUITE 111	CITY-ST-ZIP	TAMPA, FL 33607			TITLE	STD HALL, ADRIENNE <input type="checkbox"/> Delete	STREET ADDRESS	5301 CYPRESS STREET SUITE 111	CITY-ST-ZIP	TAMPA, FL 33607			TITLE		STREET ADDRESS		CITY-ST-ZIP				TITLE		STREET ADDRESS		CITY-ST-ZIP				TITLE		STREET ADDRESS		CITY-ST-ZIP				TITLE		STREET ADDRESS		CITY-ST-ZIP				TITLE		STREET ADDRESS		CITY-ST-ZIP				TITLE		STREET ADDRESS		CITY-ST-ZIP				TITLE		STREET ADDRESS		CITY-ST-ZIP				TITLE		STREET ADDRESS		CITY-ST-ZIP			
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																													