

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011403

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** THE HEAL! FOUNDATION, INC.

**Current Principal Place of Business:**

2265 SOLANA ROAD  
#211  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

412 PONTE VEDRA BOULEVARD  
PONTE VEDRA, FL 32082

**Current Mailing Address:**

2265 SOLANA ROAD  
#211  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

P. O. BOX 140  
PONTE VEDRA, FL 32004

**FEI Number:** 20-1944817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUCKLEY, JULIE A M.D.  
5270 PALM VALLEY ROAD  
PONTE VEDRA BEACH, FL 32082 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  
Name: BUCKLEY, JULIE A M.D.  
Address: 5270 PALM VALLEY ROAD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D  
Name: WEED, LESLIE  
Address: 412 PONTE VEDRA BOULEVARD  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D  
Name: WEED, BOBBY  
Address: 412 PONTE VEDRA BOULEVARD  
City-St-Zip: PONTE VEDRA, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: LESLIE WEED

DIR

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date