


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90020 029 \*\*\*\*70.00

<b>DOCUMENT # N04000012067</b>	
1. Entity Name <b>HEALING HANDS HEALTH CENTER, INC.</b>	

Principal Place of Business <b>13825 US HWY 19 STE 305 HUDSON, FL 34667</b>	Mailing Address <b>13806 LITTLE ROAD BOX 201 HUDSON, FL 34667</b>
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2. Principal Place of Business <b>13910 FIVAY ROAD</b>	3. Mailing Address
Suite, Apt. #, etc. <b>SUITE 2</b>	Suite, Apt. #, etc.
City & State <b>HUDSON, FL</b>	City & State
Zip <b>34667</b>	Country

02142006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>54-2125321</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BOLDUC, LYNNE M 13825 US HWY 19 STE 305 HUDSON, FL 34667</b>	
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7. Name and Address of New Registered Agent	
Name <b>SANTANA, KATHY</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>13910 FIVAY ROAD</b>	
<b>SUITE 2</b>	
City <b>HUDSON</b>	Zip Code <b>FL 34667</b>

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 *Kathy Santana*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	PD BOLDUC, LYNNE M 13806 LITTLE ROAD, BOX 201 HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SANTANA, KATHY 13910 FIVAY ROAD, SUITE 2 HUDSON, FL 34667 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VITOLA, RALPH M 1242 MELULLE AVENUE SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD BOLDUC, CHARLES 13709 SUMPTER CIRCLE HUDSON, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAPMAN, PATRICK 2112 FREDRICK CIRCLE CLEARWATER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROTH, CAROL 8421 UNITY DRIVE PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Kathy Santana* KATHY SANTANA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #