


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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

Principal Place of Business 13910 FIVAY RD STE 2 HUDSON, FL 34667	Mailing Address 13806 LITTLE ROAD BOX 201 HUDSON, FL 34667
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7136 EMERSON ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BROOKSVILLE, FL	
Zip	Country	Zip 34601	Country

**FILED**  
07 NOV -5 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**  
10262007 REIN-NP CR2E099 (1/07)

4. FEI Number 54-2125321		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANTANA, KATHY 13910 FIVAY RD HUDSON, FL 34667		7. Name and Address of New Registered Agent Name VITOLA, RALPH M. Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH MAIN STREET City BROOKSVILLE FL Zip Code 34601	
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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:  DATE: 10/30/07  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2008, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANTANA, KATHY 13910 FIVAY RD, STE 2 HUDSON, FL 34667 <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	VD VITOLA, RALPH M 7136 EMERSON RD BROOKSVILLE, FL 34601 <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	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	BD BOLDUC, CHARLES 13209 SUMPTER CIR HUDSON, FL 34667 <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:  RALPH M. VITOLA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/30/07 Daytime Phone #

B. Mitchell NOV 5 2007