2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2009
Secretary of State

DOCUMENT# N04000012067

Entity Name: HEALING HANDS HEALTH CENTER, INC.

Current Principal Place of Business:

13910 FIVAY RD.
STE. 10
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

13910 FIVAY RD.
STE. 10
HUDSON, FL 34667

New Mailing Address:

FEI Number: 54-2125321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VITOLA, RALPH M
201 SOUTH MAIN STREET
BROOKSVILLE, FL 34601 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: DP ( ) Delete
Name: SANTANA, KATHY
Address: 13910 FIVAY RD, STE 2
City-St-Zip: HUDSON, FL 34667

Title: VD ( ) Delete
Name: VITOLA, RALPH M
Address: 7136 EMERSON RD
City-St-Zip: BROOKSVILLE, FL 34601

Title: VD ( ) Delete
Name: CHAPMAN, PATRICK
Address: 2112 FREDRICK CIRCLE
City-St-Zip: CLEARWATER, FL

Title: STD ( ) Delete
Name: ROTH, CAROL
Address: 8421 UNITY DRIVE
City-St-Zip: PORT RICHEY, FL 34668

Title: BD ( ) Delete
Name: BOLDUC, CHARLES
Address: 13209 SUMPTER CIR
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHY SANTANA DP 08/03/2009

Electronic Signature of Signing Officer or Director — Date