

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012067

FILED
Mar 31, 2010
Secretary of State

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 (X)

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
Name: SANTANA, KATHY
Address: 13910 FIVAY RD, STE 10
City-St-Zip: HUDSON, FL 34667

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

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

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

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

Title: BD
Name: KENNEDY, DAVID
Address: 13910 FIVAY ROAD, STE 10
City-St-Zip: HUDSON, FL 34667

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: KATHY SANTANA

DP

03/31/2010

Electronic Signature of Signing Officer or Director

_____ Date