

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012067

FILED  
Apr 23, 2011  
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:**

3214 U.S. HIGHWAY 19  
HOLIDAY, FL 34691

**Current Mailing Address:**

13910 FIVAY RD.  
STE. 10  
HUDSON, FL 34667

**New Mailing Address:**

201 SOUTH MAIN STREET  
BROOKSVILLE, FL 34601

FEI Number: 54-2125321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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 R.N.  
Address: 15334 CAMROSE AVE  
City-St-Zip: SPRING HILL, FL 34610

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: KENNEDY, CHERYL  
Address: 11600 OSCEOLA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: BD  
Name: MCKAY, KIM ARNP-C  
Address: 13242 NORMAN CIRCLE  
City-St-Zip: HUDSON, FL 34669

Title: BD  
Name: KENNEDY, DAVID  
Address: 11600 OSCEOLA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

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

04/23/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date