

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000012067

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** HEALING HANDS HEALTH CENTER, INC.

**Current Principal Place of Business:**

3214 U.S. HIGHWAY 19  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

201 SOUTH MAIN STREET  
BROOKSVILLE, FL 34601

**New Mailing Address:**

**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:** RALPH M. VITOLA

VD

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date