

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000004917

1. Entity Name
HEALING ARTS OF TAO, INC.



Principal Place of Business
**7071 W COMMERCIAL BLVD
STE 2-C
FORT LAUDERDALE, FL 33319 US**

Mailing Address
**P O BOX 451236
SUNRISE, FL 33345-236 US**



01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0710448

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**IBORRA, FRANK
11470 N.W. 38 PLACE
SUNRISE, FL 33323-1104**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
IBORRA, FRANK
11470 N.W. 38 PLACE
SUNRISE, FL 333231104**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
IBORRA, MARION
11470 N.W. 38 PLACE
SUNRISE, FL 333231104**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WAGMAN, ABBY
301 N. PINE ISLAND RD.
PLANTATION, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROCHLIN, SUSAN
3601 N.E. 170 ST.
N. MIAMI BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Marion Iborra **Marion Iborra**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 28, 2004

DATE

954/749-7609

DAYTIME PHONE #