

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004917

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: HEALING ARTS OF TAO, INC.

## Current Principal Place of Business:

7071 W COMMERCIAL BLVD  
STE 2-C  
FORT LAUDERDALE, FL 33319 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 451236  
SUNRISE, FL 33345236 US

## New Mailing Address:

FEI Number: 65-0710448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IBORRA, FRANK  
11470 N.W. 38 PLACE  
SUNRISE, FL 333231104 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: PD ( ) Delete  
Name: IBORRA, FRANK  
Address: 11470 N.W. 38 PLACE  
City-St-Zip: SUNRISE, FL 333231104

Title: STD ( ) Delete  
Name: IBORRA, MARION  
Address: 11470 N.W. 38 PLACE  
City-St-Zip: SUNRISE, FL 333231104

Title: D ( ) Delete  
Name: WAGMAN, ABBY  
Address: 301 N. PINE ISLAND RD.  
City-St-Zip: PLANTATION, FL

Title: D ( ) Delete  
Name: ROCHLIN, SUSAN  
Address: 3601 N.E. 170 ST.  
City-St-Zip: N. MIAMI BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: BARTOLACCI, LAURA  
Address: 1400 S.W. 26 CT  
City-St-Zip: DAVIE, FL 33330 US

Title: D (X) Change ( ) Addition  
Name: GENUNG, THOMAS  
Address: 5776 NW ZINNIA ST  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: FRANK IBORRA

PD

04/25/2008

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

\_\_\_\_\_  
Date