

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90103 036 ****61.25

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DOCUMENT # N97000000392

1. Corporation Name

UNIVERSAL HEALING CENTER, INC.

Principal Place of Business

**640 BREVARD AVE., SUITE 101
COCOA FL 32922**

Mailing Address

**640 BREVARD AVE., SUITE 101
COCOA FL 32922**



2. Principal Place of Business

21 434 Delannoy Avenue

Suite, Apt. #, etc.

22 Suite 202

23 Cocoa, Florida 32922

Zip Country

24 32922

2a. Mailing Address

26 434 Delannoy Avenue

Suite, Apt. #, etc.

27 Suite 202

28 Cocoa, Florida 32922

Zip Country

29 32922

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

59-3420293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**BOWEN, ROBIN
640 BREVARD AVE., SUITE 101
COCOA FL 32922**

10. Name and Address of New Registered Agent

81 Name

82 434 Delannoy Avenue, Suite 202

83

84 Cocoa

FL

85 32922

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D BOWEN, ROBIN
640 BREVARD AVE, SUITE 101
COCOA FL 32922**

TITLE ☐ DELETE

**T RODRIGUEZ, PEDRO
640 BREVARD AVE., SUITE 101
COCOA FL 32922**

TITLE ☐ DELETE

**T HORNE, NANCY
640 BREVARD AVE, SUITE 101
COCOA FL 32922**

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **434 Delannoy Avenue, Suite 202**

1.4 CITY-ST-ZIP **Cocoa, FL. 32922** ☒ Change ☐ Addition

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **434 Delannoy Avenue, Suite 202**

2.4 CITY-ST-ZIP **Cocoa, FL. 32922** ☒ Change ☐ Addition

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **HADDAD, Nancy**

3.4 CITY-ST-ZIP **434 Delannoy Avenue, Suite 202**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS **Cocoa, FL. 32922**

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)