

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000392

FILED
Sep 07, 2005
Secretary of State

Entity Name: UNIVERSAL HEALING CENTER, INC.

Current Principal Place of Business:

434 DELANOY AVE
STE 202
COCOA, FL 32922

New Principal Place of Business:

434 DELANNOY AVE
STE 202
COCOA, FL 32922

Current Mailing Address:

434 DELANOY AVE
STE 202
COCOA, FL 32922

New Mailing Address:

434 DELANNOY AVE
STE 202
COCOA, FL 32922

FEI Number: 59-3420293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOWEN, ROBIN
434 DELANNOY AVE
STE 202
COCOA, FL 32922 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: D () Delete
Name: BOWEN, ROBIN
Address: 434 DELANNOY AVE-STE 202
City-St-Zip: COCOA, FL 32922

Title: T () Delete
Name: RODRIGUEZ, PEDRO
Address: 434 DELANNOY AVE-STE 202
City-St-Zip: COCOA, FL 32922

Title: T () Delete
Name: HADDAD, NANCY
Address: 434 DELANNOY AVE-STE 202
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

D

09/07/2005

Electronic Signature of Signing Officer or Director

Date