2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE:

FILED May 13, 2000 8:00 am Secretary of State DOCUMENT # N9900003990 1. Entity Name HEALING ARTS ALLIANCE, INC. 05-13-2000 90041 041 ****61.25 Mailing Address Principal Place of Business P.O. BOX 16341 3380-A TRAFALGAR SQUARE TALLAHASSEE FL 32317-6341 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address $() \cap$ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 596 rallah Not Applicable Country \$8.75 Additional Country Zin 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) INGRAM, SPENCER 124 SALEM CT., STE. A TALLAHASSEE FL 32301 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (reasure ☐ Change TITLE TITLE **X** Delete soni naham NAME HOWELL, JULIA ARNP NAME STREET ADDRESS STREET ADDRESS 3380-A TRAFALGAR SQUARE 32<u>3</u>63 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 TITLE TITLE HANSMAN-SPICE, KATHRYN LMT NAME NAME STREET ADDRESS dian STREET ADDRESS 9857 WATERS MEET DR. Tayl ahassee CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 vice President ☐ Addition Change ☐ Delete TITLE TITLE NAME Walden, Linda Or. NAME WALDEN, LINDA DR. ALL. S.W STREET ADDRESS STREET ADDRESS 91 MARTIN LUTHER KING, JR. AVE., S.W. CITY-ST-ZIP CITY-ST-ZIP **CAIRO GA 31728** □ Change Addition Delete TITLE TITLE Dave Ness, John NAME DIVINE, LOUISE NAME indersainc STREET ADDRESS STREET ADDRESS 1706 HALL DRIVE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 Addition TITLE Delete TITLE REIMERS, ELIZABETH NAME NAMÉ STREET ADDRESS 308 STREET ADDRESS 1308 BETTON RD. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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

ke empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Date

00

Daytime Phone #