

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117943

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: FAMILY HEALING CENTER, P.A.

## Current Principal Place of Business:

1219 EAST AVE S  
#104  
SARASOTA, FL 34239

## New Principal Place of Business:

## Current Mailing Address:

1824 MAGNOLIA ST  
SARASOTA, FL 34239

## New Mailing Address:

1219 EAST AVE S  
#104  
SARASOTA, FL 34239

FEI Number: 65-1066391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPTAIN, CHRISTINA A  
1824 MAGNOLIA ST  
SARASOTA, FL 34239 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CAPTAIN, CHRISTINA A  
Address: 1824 MAGNOLIA ST  
City-St-Zip: SARASOTA, FL 34239

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA CAPTAIN

CEO

03/23/2009

Electronic Signature of Signing Officer or Director

Date