

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000117943

**FILED**  
**Jun 17, 2010**  
**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:**

1219 EAST AVE S  
#104  
SARASOTA, FL 34239

**New Mailing Address:**

**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:**

CAPTAIN, CHRISTINA A  
1219 EAST AVE S  
#104  
SARASOTA, FL 34239 US

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:** CHRISTINA CAPTAIN

06/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** CAPTAIN, CHRISTINA A  
**Address:** 1219 EAST AVE S #104  
**City-St-Zip:** SARASOTA, FL 34239

I hereby 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 all other like empowered.

**SIGNATURE:** CHRISTNA CAPTAIN

CEO

06/17/2010

Electronic Signature of Signing Officer or Director

Date