

FILED  
Apr 22, 2002 8:00 am  
Secretary of State

04-22-2002 90122 002 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000045975

1. Entity Name

Hands on Healing of the Palm Beaches, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4071 - 10th Ave N.

Suite, Apt. #, etc.

3. Mailing Address

165 Sunshine Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

636099

City & State

Lake Worth, FL.

City & State

Royal Palm Beach, FL.

4. FEJ Number

65-1124922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent ...

Name

Thomas S. Allison

Street Address (P.O. Box Number is Not Acceptable)  
165 Sunshine Blvd.

City

Royal Palm Beach

FL

Zip Code  
33411

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

P/T/S/D

NAME

Thomas S. Allison

STREET ADDRESS

165 Sunshine Blvd.

CITY- ST- ZIP

Royal Palm Beach, FL. 33411

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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CITY- ST- ZIP

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13. 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 697, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas S. Allison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02

DATE

(561) 792-9686

DAYTIME PHONE #

CR2E034B (12/01)