

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045975

FILED  
Mar 27, 2010  
Secretary of State

**Entity Name:** HANDS ON HEALING OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

400 EXECUTIVE CTR. DR.  
202  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

165 SUNSHINE BLVD  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:** 65-1124922      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ALLISON, THOMAS S  
165 SUNSHINE BLVD  
ROYAL PALM BEACH, FL 33411 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  
Name: ALLISON, THOMAS S  
Address: 165 SUNSHINE BLVD  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ST  
Name: ALLISON, GLENDA C  
Address: 165 SUNSHINE BLVD  
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: THOMAS S. ALLISON

DIR.

03/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date