

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045975

FILED
Feb 12, 2011
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:

165 SUNSHINE BLVD
ROYAL PALM BEACH, FL 33411 US

FEI Number: 65-1124922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

OFFICERS AND DIRECTORS:

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

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

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

D

02/12/2011

Electronic Signature of Signing Officer or Director

Date