

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90053 012 ***150.00

DOCUMENT # P01000045975

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



Principal Place of Business
4071 10TH AVENUE NORTH
ROYAL PALM BEACH FL 33411

Mailing Address
165 SUNSHINE BLVD
ROYAL PALM BEACH FL 33411



2. Principal Place of Business

4371-10th Ave. No

3. Mailing Address

Suite, Apt. #, etc.

☐ **CHECK HERE IF MAKING CHANGES**

City & State

Lake Worth, FL

City & State

4. FEI Number **65-1124922**

Applied For

Not Applicable

Zip

33461

Country

Flm Beach

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALLISON, THOMAS S
165 SUNSHINE BLVD
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **ALLISON, THOMAS S**
STREET ADDRESS **165 SUNSHINE BLVD**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ **Delete**
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CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

12. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)