

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000054669

Entity Name: A HEALTHY PLACE, P.A.

FILED  
Jul 07, 2005  
Secretary of State

## Current Principal Place of Business:

55 N OLD KINGS RD  
SUITE C  
ORMOND BEACH, FL 32174 US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 730417  
ORMOND BEACH, FL 321730417

## New Mailing Address:

FEI Number: 59-3723996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, HEZI M.D.  
55 N. CLYDE MORRIS BLVD., SUITE C  
ORMOND BEACH, FL 32174 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COHEN, HEZI MD  
Address: POST OFFICE BOX 730417  
City-St-Zip: ORMOND BEACH, FL 321730417

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HEZI COHEN

PD

07/07/2005

Electronic Signature of Signing Officer or Director

Date