2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# P01000054669

Entity Name: A HEALTHY PLACE, P.A.

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:

POST OFFICE BOX 1447
ORMOND BEACH, FL 321751447

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

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: PD (X) Change ( ) Addition
Name: COHEN, HEZI MD
Address: POST OFFICE BOX 1447
City-St-Zip: ORMOND BEACH, FL 321751447

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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, MD PD 04/04/2006

Electronic Signature of Signing Officer or Director Date