

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103485

FILED
Apr 16, 2009
Secretary of State

Entity Name: HEALING WORKS HEALTH CENTER INC.

Current Principal Place of Business:

4120 PINE ISLAND RD.
SUITE C
MATLACHA, FL 33993

New Principal Place of Business:

Current Mailing Address:

4120 PINE ISLAND RD.
SUITE C
MATLACHA, FL 33993

New Mailing Address:

FEI Number: 65-1147475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAPAGER, LEE
4120 PINE ISLAND ROAD SUITE C
MATLACHA, FL 33993 US

Name and Address of New Registered Agent:

TAPAGER, LEE
4120 PINE ISLAND ROAD
SUITE C
MATLACHA, FL 33993 US

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: _____

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TAPAGER, LEE
Address: 5725 GENESEE PARKWAY CONDO 9
City-St-Zip: BOKEELIA, FL 33922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TAPAGER, LEE
Address: 4120 PINE ISLAND ROAD
City-St-Zip: MATLACHA, FL 33993

I hereby certify that the information supplied with this filing does not qualify 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: LEE TAPAGER

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date