

# 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