# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 20, 2008**
**Secretary of State**

DOCUMENT# P02000010053

**Entity Name:** HEALING WAYS, P.A.

**Current Principal Place of Business:**

2820 CHARMONT DR.
APOPKA, FL 32703

**New Principal Place of Business:**

1520 EDGEWATER DR.
G
ORLANDO, FL 32804

**Current Mailing Address:**

2820 CHARMONT DR.
APOPKA, FL 32703

**New Mailing Address:**

3120 ORLEANS WAY S.
APOPKA, FL 32703

**FEI Number: 03-0379660** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RASMUSSEN, MARNA G
2820 CHARMONT DR.
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

RASMUSSEN, MARNA G
3120 ORLEANS WAY S.
APOPKA, FL 32703 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: MARNA G. RASMUSSEN 06/20/2008
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: P ( ) Delete
Name: RASMUSSEN, MARNA G
Address: 2820 CHARMONT DR.
City-St-Zip: APOPKA, FL 32703 FL

Title: V ( ) Delete
Name: THAMES, LYNN H
Address: 2820 CHARMONT DR.
City-St-Zip: APOPKA, FL 32703 FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: RASMUSSEN, MARNA G
Address: 3120 ORLEANS WAY S.
City-St-Zip: APOPKA, FL 32703 FL

Title: V (X) Change ( ) Addition
Name: THAMES, LYNN H
Address: 3120 ORLEANS WAY S.
City-St-Zip: APOPKA, FL 32703 FL

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: MARNA RASMUSSEN P 06/20/2008
Electronic Signature of Signing Officer or Director Date