

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000032224

FILED
Jan 04, 2007
Secretary of State

Entity Name: HEALING HANDS CHIROPRACTIC, P.A.

Current Principal Place of Business:

14448 BRUCE B. DOWNS BLVD
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

14448 BRUCE B. DOWNS BLVD
TAMPA, FL 33613

New Mailing Address:

FEI Number: 02-0557779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VENTURINO, NICK
5605 GLENCREST BLVD.
TAMPA, FL 33625 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: P () Delete
Name: VENTURINO, NICK D.C.
Address: 5605 GLENCREST BLVD.
City-St-Zip: TAMPA, FL 33625

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 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: NICK VENTURINO

DR.

01/04/2007

Electronic Signature of Signing Officer or Director

Date