

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000032224

**FILED**  
**Mar 16, 2011**  
**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:**

14440 BRUCE B. DOWNS BLVD  
TAMPA, FL 33613

**Current Mailing Address:**

14448 BRUCE B. DOWNS BLVD  
TAMPA, FL 33613

**New Mailing Address:**

14440 BRUCE B. DOWNS BLVD  
TAMPA, FL 33613

**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 DR.  
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

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: NICK VENTURINO, DC

OWNE

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date