

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000056791

1. Entity Name
HEAVENLY HANDS HOLISTIC MEDICAL CENTER, INC.



Principal Place of Business
5443 FOXWOOD DR
SARASOTA, FL 34232

Mailing Address
5443 FOXWOOD DR
SARASOTA, FL 34232

FILED
Aug 11, 2008 08:00 AM
Secretary of State



07122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0602957

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHNAITTER, VIRGINIA F
5443 FOXWOOD DR
SARASOTA, FL 34232

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SCHNAITTER, VIRGINIA F
STREET ADDRESS	5443 FOXWOOD DR
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000957588
08/11/08-80006-019 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/09/08 941-921-3108