

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102731

Entity Name: HOLISTIC FAMILY HEALTH CLINIC, P.A.

FILED  
Apr 21, 2008  
Secretary of State

**Current Principal Place of Business:**

3620 S. HOPKINS AVE.  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

3620 S. HOPKINS AVE.  
SUITE 101  
TITUSVILLE, FL 32780

**Current Mailing Address:**

6060 OAK ST #259  
SCOTTSMOOR, FL 32775

**New Mailing Address:**

FEI Number: 27-0032179      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEE, GARY E  
6060 OAK ST #259  
SCOTTSMOOR, FL 32775 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: D ( ) Delete  
Name: LEE, DEBORAH A  
Address: 6060 OAK ST #259  
City-St-Zip: SCOTTSMOOR, FL 32775

**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 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: DEBORAH A. LEE

D

04/21/2008

Electronic Signature of Signing Officer or Director

Date