

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063241

Entity Name: SUNRAY HEALING CLINIC, INC.

FILED  
Feb 10, 2005  
Secretary of State

## Current Principal Place of Business:

PO BOX 110488  
NAPLES, FL 341080109

## New Principal Place of Business:

114 MONTROSE DR.  
FORT MYERS, FL 33919

## Current Mailing Address:

PO BOX 110488  
NAPLES, FL 341080109

## New Mailing Address:

114 MONTROSE DR.  
FORT MYERS, FL 33919

FEI Number: 20-0445208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINSON, LISA  
1642 TARPON BAY DRIVE S #202  
NAPLES, FL 34119 US

## Name and Address of New Registered Agent:

ROBINSON, LISA  
114 MONTROSE DR.  
FORT MYERS, FL 33919 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:

02/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROBINSON, LISA  
Address: 1642 TARPON BAY DR S  
City-St-Zip: NAPLES, FL 34119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ROBINSON, LISA  
Address: 114 MONTROSE DR.  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LISA ROBINSON

MS.

02/10/2005

Electronic Signature of Signing Officer or Director

Date