

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000124976

1. Entity Name
HEALING HANDS PHYSICAL THERAPY, INC.



Principal Place of Business
**7367 SPRING HILL DRIVE
SPRING HILL, FL 34606 US**

Mailing Address
**7367 SPRING HILL DRIVE
SPRING HILL, FL 34606 US**



01212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1576153

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANODOM-MISLAY, PACITA M
18642 WHITE PINE CIRCLE
HUDSON, FL 34667**

**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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000605227
01/30/07-80026-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MANODOM-MISLAY, PACITA M**
STREET ADDRESS **18642 WHITE PINE CIRCLE**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **S, T**
NAME **MANODOM-MISLAY, PACITA M**
STREET ADDRESS **18642 WHITE PINE CIRCLE**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE
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CITY-ST-ZIP

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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

01/23/07
Date

**352-
206-9106**
Daytime Phone #