

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000150178

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** THE HEALING ARTS INSTITUTE OF JUNO BEACH, INC.

**Current Principal Place of Business:**

13901 US HIGHWAY 1  
10  
JUNO BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

13901 US HIGHWAY 1  
10  
JUNO BEACH, FL 33408 US

**New Mailing Address:**

**FEI Number:** 20-1856107      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

FRITZ, JOHN L  
13901 US HIGHWAY 1  
10  
JUNO BEACH, FL 33408 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: P  
Name: FRITZ, JOHN L  
Address: 13901 US HIGHWAY 1, SUITE 10  
City-St-Zip: JUNO BEACH, FL 33408 US

Title: VP  
Name: ERAZO-FRITZ, CECILIA  
Address: 13901 US HIGHWAY 1, SUITE 10  
City-St-Zip: JUNO BEACH, FL 33408 US

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: JOHN L. FRITZ

PRES

02/17/2010

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

\_\_\_\_\_  
Date