

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000011876

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** HEALTHY HEALING ARTS CENTRE, INC.

**Current Principal Place of Business:**

5 RANDY LN  
LEHIGH ACRES, FL 33972 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 790  
LEHIGH ACRES, FL 33970 US

**New Mailing Address:**

**FEI Number:** 20-4190168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANSONE, HOLLY  
5 RANDY LN  
LEHIGH ACRES, FL 33972 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SANSONE, PETER F  
Address: P.O. BOX 790  
City-St-Zip: LEHIGH ACRES, FL 33970 US

Title: VP,  
Name: SANSONE, HOLLY L  
Address: P.O. BOX 790  
City-St-Zip: LEHIGH ACRES, FL 33970 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: PETER SANSONE, M.D.

PRES

03/23/2011

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

\_\_\_\_\_ Date