

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000093443**

1. Entity Name  
**HEALING HANDS REHABILITATION SERVICES, INC.**



Principal Place of Business  
**15 N. ARCHWOOD DR.  
INVERNESS, FL 34450**

Mailing Address  
**15 N. ARCHWOOD DR.  
INVERNESS, FL 34450**



04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5208925**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NEALE, ROBERT  
15 N. ARCHWOOD DR.  
INVERNESS, FL 34450**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

U000000949001  
06/03/08-80011-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS NEALE, ROBERT 15 N. ARCHWOOD DR. INVERNESS, FL 34450
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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 line empowered

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_