


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90001 005 ***150.00

DOCUMENT # P06000110391	
1. Entity Name THE HEALING ARTS THERAPY CENTER CORP.	

Principal Place of Business 16013 SW 63RD TERRACE MIAMI, FL 33193	Mailing Address 16013 SW 63RD TERRACE MIAMI, FL 33193
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40122096



2. Principal Place of Business - No P.O. Box # 2955 Coral Way	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06082007 Chg-P CR2E034 (12/06)

City & State Miami, FL	City & State
Zip 33145	Country USA

4. FEI Number 20-5493922	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LANGSTADT, OLIVER J ESQ 815 PONCE DE LEON BLVD STE P-201 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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] Date: 6/15/07 Daytime Phone #: 305-310-5422

ATTACHMENT
40122096



The Healing Arts Therapy Center, Corp.
2955 Coral Way
Miami, Florida 33145
Phone: 305-444-9295 Fax: 305-445-3073
Email: info@HealingArtsTX.com
www.HealingArtsTX.com

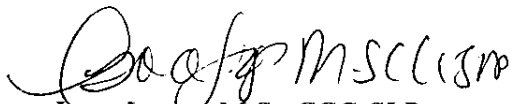
April 30, 2007

To whom it May Concern,

My name is Isora Lopez, President of the Healing Arts Therapy Center, Corp. I am writing this letter to notify you of the reason why my payment is late by one day. We recently moved our office to a new location and just came to find the Annual Report Notice on April 30, 2007, the day before the renewal was due. At that time, I tried to go online to file the renewal and had technical difficulties with the website: www.sunbiz.org. It was not able to process my request. My document# P06000110391 as shown on the Annual Report Notice was not recognized by the system. I also searched by the corporation name "The Healing Arts Therapy Center, Corp" and could not find it either. Please accept my payment of \$150.00 to renew my corporation. I have also enclosed a copy of the Annual Report Notice with the Document number for verification.

In addition, I would like to notify the Division of Corporations of our phone and address change. The new address is: 2955 Coral Way, Miami, FL 33145. The new phone number is 305-444-9259. Email: info@HealingArtsTX.com . Please make the necessary changes in our records. Thank you.

Sincerely,


Isora Lopez, M.S., CCC-SLP
President