

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008482

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: SARASOTA HOLISTIC HEALTH CENTER INC

## Current Principal Place of Business:

2389 RINGLING BLVD  
SUITE B  
SARASOTA, FL 342376142 US

## New Principal Place of Business:

2566 WEBBER STREET  
SARASOTA, FL 34230 US

## Current Mailing Address:

PO BOX 48703  
SARASOTA, FL 34230 US

## New Mailing Address:

P.O. BOX 48703  
SARASOTA, FL 34230 US

FEI Number: 20-8255275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FREEDOM ACCOUNTING  
5620 14TH ST W  
BRADENTON, FL 34207 US

## Name and Address of New Registered Agent:

BRIAN PALMER ACCOUNTING& TAX, INC.  
2937 BEE RIDGE ROAD  
SUITE 2  
SARASOTA, FL 34239 US

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: BRIAN PALMER

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CRAM, MELISSA  
Address: PO BOX 48703  
City-St-Zip: SARASOTA, FL 34230

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CRAM, MELISSA  
Address: PO BOX 48703  
City-St-Zip: SARASOTA, FL 34230 US

Title: P ( ) Change (X) Addition  
Name: CRAM, MELISSA  
Address: P.O. BOX 48703  
City-St-Zip: SARASOTA, FL 34230 US

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Address: P.O. BOX 48703  
City-St-Zip: SARASOTA, FL 34230 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MELISSA CRAM

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date