

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000020159

FILED  
Feb 12, 2012  
Secretary of State

**Entity Name:** HEALING HANDS THERAPEUTIC MASSAGE & WELLNESS CENTER. INC.

**Current Principal Place of Business:**

1485 37TH STREET  
112A  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

919 DOLPHIN AVENUE  
SEBASTIAN, FL 32958 US

**New Mailing Address:**

**FEI Number:** 56-2643477

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KARVETSKY, PHYLLIS  
919 DOLPHIN AVENUE  
SEBASTIAN, FL 32958 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: P  
Name: KARVETSKY, PHYLLIS  
Address: 919 DOLPHIN AVENUE  
City-St-Zip: SEBASTIAN, FL 32958 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: PHYLLIS KARVETSKY

P

02/12/2012

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

\_\_\_\_\_  
Date