

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000011516 (8)

1. Corporation Name

HEALING HANDS MASSAGE THERAPY, INC.



Principal Place of Business

3222 DADE AVE., STE. 100  
ORLANDO FL 32804

Mailing Address

3222 DADE AVE., STE. 100  
ORLANDO FL 32804

2. Principal Place of Business

2a. Mailing Address

P.O. Box 1513

3. Date Incorporated or Qualified

02/08/1995

3a. Date of Last Report

4. FEI Number

59-3297813

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

City & State

City & State

ORLANDO FLORIDA

Zip

Country

Zip

Country

32802-1513

U.S.A

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POOLE, WILLIAM F IV  
644 WEST COLONIAL DR.  
ORLANDO FL

81. Name

JENNIFER GIBSON

82. Street Address (P.O. Box Number is Not Acceptable)

3222 DADE AVENUE, SUITE 100

83.

84. City

ORLANDO

FL

85. Zip Code

32804

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Jennifer M. Gibson*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signing required when changing office)

DATE

1/17/96

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GIBSON, JENNIFER  
STREET ADDRESS 3222 DADE AVE., STE. 100  
CITY-ST-ZIP ORLANDO FL 32804

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jennifer M. Gibson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

Day

Daytime Phone

407-894-9990

CR2E034 (12/95)