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 # **P95000064679 (0)**

1. Corporation Name

HEALING HEART CORPORATION

Principal Place of Business
~~6300~~ 6314 TRAIL BLVD N
UNIT 6314
NAPLES FL 33963

Mailing Address
~~6300~~ 6314 TRAIL BLVD N
UNIT 6314
NAPLES FL 33963

3. Date Incorporated or Qualified: 08/21/1995

3a. Date of Last Report: First -

4. FEI Number: 65-0602468 ☐ 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

2. Principal Place of Business
21 6314 TRAIL BLVD NORTH
22 Suite, Apt. #, etc.
23 City & State: NAPLES
24 Zip: FLA 25 Country: 33963

2a. Mailing Address
26 6314 TRAIL BLVD
27 Suite, Apt. #, etc.: NORTH -
28 City & State: NAPLES FLA.
29 Zip: 33963 30 Country: COLLIER

9. Name and Address of Current Registered Agent

ZANGARI, FRANK
6300 TRAIL BLVD N
UNIT 6314
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name: MR FRANK ZANGARI
82 Street Address (P.O. Box Number is Not Acceptable): 2096 HOLIDAY LANE
83 NAPLES FL 33942
84 City: FL 85 Zip Code

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 (Signature, typed or printed name of registered agent and title if applicable) (DATE) (Required Agent signature required when filing)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ZANGARI, FRANK	
STREET ADDRESS	2096 HOLIDAY LN	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)(i), 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: FRANK ZANGARI PRES. April 4, 941-514-1918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)