

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078968

**FILED**  
**Apr 19, 2006**  
**Secretary of State**

**Entity Name:** HEALING ARTS CENTER, NAPLES, FL, INC.

**Current Principal Place of Business:**

800 -5TH AVE S.  
STE 103  
NAPLES, FL 34102 US

**New Principal Place of Business:**

971 MICHIGAN AVE.  
NAPLES, FL 34103 US

**Current Mailing Address:**

800 -5TH AVE S.  
STE 103  
NAPLES, FL 34102 US

**New Mailing Address:**

971 MICHIGAN AVE.  
NAPLES, FL 34103 US

**FEI Number:** 65-0615044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATTON, JOHN E II  
27221 SUN AQUA LANE  
BONITA SPRINGS, FL 34135 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PATTON, JOHN E II  
Address: 27221 SUN AQUA LANE  
City-St-Zip: BONITA SPRINGS, FL 33923

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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:** JOHN E. PATTON II

D

04/19/2006

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

\_\_\_\_\_  
Date