

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025423

FILED  
Jan 09, 2010  
Secretary of State

**Entity Name:** CYPRESS HEALING ARTS CENTER, INC.

**Current Principal Place of Business:**

2639 W NORVELL BRYANT HWY  
LECANTO, FL 34461 US

**New Principal Place of Business:**

**Current Mailing Address:**

2639 W. NORVELL BRYANT HWY  
LECANTO, FL 34461 US

**New Mailing Address:**

2639 W NORVELL BRYANT HWY  
LECANTO, FL 34461 US

**FEI Number:** 59-3369777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: PD  
Name: SAMUELS, JOSEPH E  
Address: 10726 N. RIVER RANCH PATH  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: STD  
Name: SAMUELS, LORI  
Address: 10726 N. RIVER RANCH PATH  
City-St-Zip: CRYSTAL RIVER, FL 34428

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:** LORI SAMUELS

STD

01/09/2010

Electronic Signature of Signing Officer or Director

Date