

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000025423

**FILED**  
**Jan 08, 2011**  
**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:**

**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:**

SAMUELS, LORI  
10726 N RIVER RANCH PATH  
CRYSTAL RIVER, FL 34428 US

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:** LORI SAMUELS

01/08/2011

Electronic Signature of Registered Agent

Date

**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

01/08/2011

Electronic Signature of Signing Officer or Director

Date