2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

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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:

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

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 01/09/2012

Electronic Signature of Signing Officer or Director Date