

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00.

FILED  
Jul 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morjham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000038051 (3)

1. Corporation Name

THE HEALING HEART CENTRE, INC.



Principal Place of Business 2655 LEJEUNE ROAD PENTHOUSE 2 CORAL GABLES FL 33134	Mailing Address C/O WILLIAM C. DAVIS, III 2655 LEJEUNE ROAD PENTHOUSE 2 CORAL GABLES FL 33134
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 C/O WILLIAM C. DAVIS, III 2655 LEJEUNE RD		04/29/1997	
22 City & State		27 PENTHOUSE 2		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
23 Zip		28 CORAL GABLES, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 33134		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30 US		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, WILLIAM C III  
2655 LEJEUNE ROAD  
PENTHOUSE 2  
CORAL GABLES FL 33134

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 SULLIVAN, JOHN W DR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2286 ARBOR WALK CIRCLE	1.2 NAME	
STREET ADDRESS	NAPLES FL 34109	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	0 DAVIGLUS, GEORGE F DR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1841 S BAYSHORE DRIVE	2.2 NAME	
STREET ADDRESS	COCONUT GROVE FL 33133	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	0 DAVIS, WILLIAM C III	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2655 LEJEUNE RD, PH II	3.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33134	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DIRECTOR: \_\_\_\_\_

CR2E034 (10/97)