1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000084476

CHAI HEALING CENTER, INC.

Principal Place of Business	Mailing Address
130 ORION CIRCLE	130 ORION CIRCLE
JUPITER FL 33477	JUPITER FL 33477

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90064 024 ***150.00



130 ORION CIRCLE			130 ORION CIRCLE JUPITER FL 33477														
JUPITER FL 334	177		JUPI	IIEH FL 334//							DO	NOT W	RITE IN	THIS S	SPACE		
	,								3.	Date Incom 09/30/19		r Qualif	ed				
2. Principal Pl	ace of Business		2a.	Mailing Address					4.	FEI Numbe					<u> </u>	Applied	d For
21			26	_						APPLIED	FOR	066	-40	-004	4 []	lot Ap	plicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc					T .						\$8.75	Addi	tional
22		÷	27						5.	Certifcate of	or Status	Desired			Fee l	Requir	ed
City & State	e			City & State	nn bye	•			6.	Election Ca	ampaign f	inancir	g _	= -	\$5.0) May	/ Be
23			28							Trust Fund	Contribu	tion			Adde	to Fe	es
Zip	Co	ountry	Ľ	Zip	C	ountry	,		8.	This corpor	ration ow	es the c	urrent y			_	
24	25 29 30						Personal Property Tax.										
	9. Name and A	ddress of Curren	t Regist	ered Agent		 			10.	Name and	Address	of Ne	w Regis	tered A	gent		 -i
	PARASI HUDUTU	•				81	Na	ame -	Τυ	DY	HAI	STN	1Ah	1			
	TMAN, JUDITH					82	St	reet Addi	ress (F	P.O. Box Nu	mber is N	ot Acce	ptable)				
130 ORION CIRCLE						L	<u> </u>										
JUPI	TER FL 33477					83											
						84	Ci	ity			~			FL	85 Zi	Cod	e
11. Pursuant	to the provisions of	Sections 607.050	2 and 60	7.1508, Florida S	Statutes, the	above	e-na	med corp	oratio	n submits th	is statem	ent for t	ne purp	ose of c	hanging	ts reg	istered
office or re	to the provisions of egistered agent, or m familiat with, and	both, in the State	of Florida	a. Such change v	vas authoriz S Florida St	ed by	the	corporati	on's bo	oard of direc	tors. I he	reby ac	cept the	appoin	tment as	regist	erea
	\ \ \L.\.	lactept the ooliga	lions or,	Tue									4-	G-C	99)
SIGNATURE	Signature, typed or printe	d name of registered ager	nt and title if	applicable.	NOTE: Register	red Ager	nt sign	ature require	d when r	reinstating)				ATE			
12.		OFFICERS AN			1;	3.				ADDITIONS	/CHANG	ES TO	OFFICE	RS AND			
TITLE	0			☐ DELET	TE 1,1	TITLE		1							☐ Chang	• [Addition
NAMÉ	HARTMAN, JUI	ΟY			1.2	NAME											
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CITY-ST-ZIP	JUPITER FL 33	477			1.4	CITY-S	T-ZIP										
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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 of 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 on an attachment with an address, with all other like empowered.

SIGNATURE: