

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 07, 2000 8:00 am**
Secretary of State

03-07-2000 90034 042 ***150.00

DOCUMENT # P97000087379

1. Entity Name

THE CENTER FOR INTEGRATED HEALING, INC.**C0033209**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 631 N HYER AVE ORLANDO FL 32803	Mailing Address 631 N HYER AVE ORLANDO FL 32801-2169
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. 1415 E. Robinson St.	Suite, Apt. #, etc. 1415 E. Robinson St.
City & State Orlando, FL	City & State Orlando, FL
Zip 32801	Country

4. FEI Number 59-3475870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EDEY, LORRAINE 631 N HYER AVE ORLANDO FL 32803
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1415 E. Robinson St. City Orlando, FL Zip Code 32801

8. 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 Lorraine Edey, LCSW, PhD DATE 2/25/00 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDEY, LORRAINE 631 N HYER AVE ORLANDO FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EDEY, LORRAINE 1415 E. Robinson St. Orlando, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.
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SIGNATURE: Lorraine Edey, LCSW, PhD DATE 2/25/00 (407) 898-9868 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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