

2001 UNIFORM BUSINESS REPORT (UBR)

108

DOCUMENT # **PA7000087319**

1. Entity Name

THE CENTER FOR INTEGRATED HEALING, INC

FILED

01 DEC 24 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**800 N. FERN CREEK AV
ORLANDO, FL 32803**

**PO BOX 520338
LONGWOOD, FL
32752-0338**

2. Principal Place of Business

3. Mailing Address

800 N. FERN CREEK AV

PO BOX 520338

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

LONGWOOD, FL

Zip

Country

Zip

Country

32803

USA

32752

USA

4. FEI Number

593475870

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LORRAINE EDEY
522 SAND WEDGE LOOP
APOPKA, FL 32712**

Name

LORRAINE EDEY

Street Address (P.O. Box Number is Not Acceptable)

522 SAND WEDGE LOOP

City

APOPKA

FL

Zip Code

32712

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Lorraine Edey

12/12/01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$550.00

**After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete
NAME **LORRAINE EDEY**
STREET ADDRESS **800 N. FERN CREEK AV**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Change ☐ Addition
NAME **500004765605-8**
STREET ADDRESS **-01/10/02--01077--022**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Lorraine Edey

LORRAINE EDEY

12/12/01

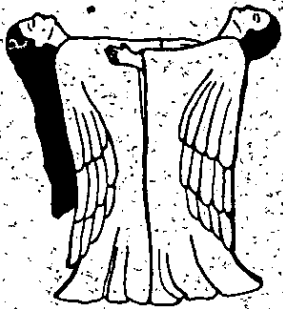
407 898 9868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)



Lorraine Edey, A.C.S.W., L.C.S.W. 202

Lorraine Edey, LCSW, PhD
The Center for Integrated Healing
P.O. Box 520338
Longwood, Florida 32752-0338
(407) 898-9868
Tax ID# 59-3475870

December 16, 2001

Division of Corporations
PO box 6327
Tallahassee, Fl 32314

To Whom It May Concern:

Enclosed please find my application for renewal and my check # 1674 in the amount of \$150, as per your request.

As noted on my application there has been an address change. Although I submitted this change of address well over a year ago from my old place of business, it appears that this and other mail was never forwarded to me.

Thank you for your prompt attention in this matter.

Sincerely yours,

Lorraine Edey, LCSW, PhD

Lorraine Edey, LCSW, PhD
The Center For Integrated Healing, Inc.