

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000094038

1. Entity Name

HEALING HANDS OF CENTRAL FLORIDA, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90063 032 \*\*\*150.00

Principal Place of Business

1520 BOTTLEBRUSH DR.,N.E.,STE.2M  
PALM BAY FL 32905

Mailing Address

1520 BOTTLEBRUSH DR.,N.E.,STE.2M  
PALM BAY FL 32905-3138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-360 3836

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNA, INGRID  
1520 BOTTLEBRUSH DR.,N.E.,STE.2M  
PALM BAY FL 32905

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$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. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KENNA, INGRID	
STREET ADDRESS	1520 BOTTLEBRUSH DR.,N.E.,STE.2M	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	Pres. Maria Elena Cotral	<input type="checkbox"/> Delete
NAME	1520 Bottlebrush Dr. N.E. STE 2M	
STREET ADDRESS	Palm Bay FL 32905	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*SIGNATURE REQUIRED*  
INGRID KENNA

03/01/00 321-223-8784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)