

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N17000004790

**Entity Name:** THE HEALING CENTER OF MARTIN COUNTY, INC.

**Current Principal Place of Business:**

623 SE OCEAN BOULEVARD  
STUART, FL 34994

**Current Mailing Address:**

623 SE OCEAN BOULEVARD  
STUART, FL 34994 US

**FEI Number:** 82-2280467

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EARLE, DAVID  
819 S.W. FEDERAL HIGHWAY  
SUITE 302  
STUART, FL 34994 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name KIMES, TIM  
Address 623 SE OCEAN BLVD.  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name SHEPLEY, TARA  
Address 623 SE OCEAN BLVD.  
City-State-Zip: STUART FL 34994

Title SECRETARY  
Name GILSON, JANE  
Address 623 SE OCEAN BLVD.  
City-State-Zip: STUART FL 34994

Title TREASURER  
Name KEITH, DANIELLE  
Address 623 SE OCEAN BLVD.  
City-State-Zip: STUART FL 34994

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIELLE KEITH**

**TREASURER**

**09/18/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date