

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005435

FILED
Jul 16, 2008
Secretary of State

Entity Name: HEALING HANDS OF LYMPHATICS PLUS L.L.C.

Current Principal Place of Business:

110 N FEDERAL HWY
SUITE 201
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

110 N FEDERAL HWY
SUITE 201
HALLANDALE BEACH, FL 33009 US

Current Mailing Address:

110 N FEDERAL HWY
SUITE 201
HALLANDALE BEACH, FL 33009

New Mailing Address:

110 N FEDERAL HWY
SUITE 201
HALLANDALE BEACH, FL 33009 US

FEI Number: 65-0950562 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVEY, SUZANNE L OTR/L
110 N FEDERAL HWY
SUITE 201
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAVEY, SUZANNE L
Address: 110 N FEDERAL HWY SUITE 201
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAVEY, SUZANNE L
Address: 110 N FEDERAL HWY SUITE 201
City-St-Zip: HALLANDALE BEACH, FL 33009 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SUZANNE L. DAVEY

MGR

07/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date