

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005435

**FILED**  
**Mar 22, 2009**  
**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 US

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

110 NORTH 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** ( )

**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 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

03/22/2009

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