

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005435

**FILED**  
**Feb 20, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
**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 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      MNGR      02/20/2010

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