

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 28, 2006 08:00 A
Secretary of State

DOCUMENT # L02000014968

1. Entity Name
CENTER FOR PROGRESSIVE HEALING, LLC



Principal Place of Business
5340 N FEDERAL HIGHWAY
104
LIGHTHOUSE POINT, FL 33064

Mailing Address
5340 N FEDERAL HIGHWAY
104
LIGHTHOUSE POINT, FL 33064



08252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1578132

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANN & WOLF, LLP
4300 N. UNIVERSITY DR., STE. C-203
SUNRISE, FL 33351

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by September 6, 2006

000000575556
08/29/06-80006-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BOMAS, KRISTEN
1001 NW 6 AVE.
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/25/06

Date

954.725.7200

Daytime Phone #