

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014968

FILED
Apr 30, 2007
Secretary of State

Entity Name: CENTER FOR PROGRESSIVE HEALING, LLC

Current Principal Place of Business:

5340 N FEDERAL HIGHWAY
104
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

5340 N FEDERAL HIGHWAY
104
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

1430 SOUTH FEDERAL HIGHWAY
200
DEERFIELD BEACH, FL 33441

New Mailing Address:

1430 SOUTH FEDERAL HIGHWAY
200
DEERFIELD BEACH, FL 33441

FEI Number: 42-1578132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANN & WOLF, LLP
4300 N. UNIVERSITY DR., STE. C-203
SUNRISE, FL 33351 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: BOMAS, KRISTEN
Address: 1001 NW 6 AVE.
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOMAS, KRISTEN
Address: 1430 SOUTH FEDERAL HIGHWAY, 200
City-St-Zip: DEERFIELD BEACH, FL 33441

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: KRISTEN BOMAS

MGR

04/30/2007

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