

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000026745

**Entity Name:** SANDHILL HEALING CENTER, INC.

**Current Principal Place of Business:**

2484 CARING WAY  
SUITE D  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

23217 MCCANDLESS AVENUE  
PORT CHARLOTTE, FL 33980 US

**FEI Number:** 46-2829567

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HILL, CECELIA M  
23217 MCCANDLESS AVE  
PORT CHARLOTTE, FL 33980 US

*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

**Officer/Director Detail :**

Title P  
Name HILL, CECELIA M  
Address 23217 MCCANDLESS AVENUE  
City-State-Zip: PORT CHARLOTTE FL 33980

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: CECELIA HILL

PRESIDENT

02/01/2023

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date