

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000097901

**Entity Name:** MEDICAL HEALING CENTER, LLC

**Current Principal Place of Business:**

225 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

225 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301

**FEI Number:** 06-1663081

**Certificate of Status Desired:** No

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

MYERS, ANGELA D  
225 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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

**Authorized Person(s) Detail :**

Title MGRM  
Name MYERS, ANGELA D  
Address 225 OFFICE PLAZA DRIVE  
City-State-Zip: TALLAHASSEE FL 32301

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANGELA D MYERS

**OWNER**

**03/21/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date