

2014 FLORIDA LIMITED LIABILITY COMPANY 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: Yes

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
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

01/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date