

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000038776

**Entity Name:** THE HEALING CLINIC, LLC

**Current Principal Place of Business:**

26 BEAL PKWY SW  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

947 ASHLEY LN NW #B  
FORT WALTON BEACH, FL 32547 US

**FEI Number:** 45-1103171

**Certificate of Status Desired:** No

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

MCQUAID, FELICIA  
947 ASHLEY LN NW #B  
FORT WALTON BEACH, FL 32547 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, OWNER  
Name MCQUAID, FELICIA  
Address 947 ASHLEY LN NW #B  
City-State-Zip: FORT WALTON BEACH FL 32547

*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:** FELICIA MCQUAID

**OWNER**

**03/03/2019**

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

\_\_\_\_\_  
Date