

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000135567

**Entity Name:** HEALING SOLUTIONS COUNSELING CENTER, LLC

**Current Principal Place of Business:**

LYNAN PROFESSIONAL CENTER  
36739 STATE RD52 SUITE #207B  
DADE CITY, FL 33525

**Current Mailing Address:**

38032 POSTAL DRIVE  
SUITE # 591  
ZEPHYRHILLS, FL 33542

**FEI Number:** 47-4812958

**Certificate of Status Desired:** Yes

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

PEREZ, SEIDA R  
38032 POSTAL DRIVE  
SUITE # 591  
ZEPHYRHILLS, FL 33542 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            AMBR  
Name            PEREZ, SEIDA R  
Address        38032 POSTAL DRIVE SUITE # 591  
City-State-Zip: ZEPHYRHILLS FL 33542

*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:** SEIDA REYES-PEREZ

**REGISTER AGENT**

**04/15/2016**

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

\_\_\_\_\_  
Date