

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000061545

Entity Name: DMHHC COUNSELING, LLC

Current Principal Place of Business:

525 TAMIAMI TRAIL, UNIT #5
PORT CHARLOTTE, FL 33953

Current Mailing Address:

525 TAMIAMI TRAIL, UNIT #5
PORT CHARLOTTE, FL 33953 US

FEI Number: 35-2559571

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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 MBR
Name SAT NAM GROUP, LLC
Address 525 TAMIAMI TRAIL, UNIT #5
City-State-Zip: PORT CHARLOTTE FL 33953

Title MBR
Name STARFISH GROUP, LLC
Address 525 TAMIAMI TRAIL, UNIT #5
City-State-Zip: PORT CHARLOTTE FL 33953

Title MBR
Name HEALTHY VIRTUE, LLC
Address 525 TAMIAMI TRAIL, UNIT #5
City-State-Zip: PORT CHARLOTTE FL 33953

Title MBR
Name SATYA WELLNESS, LLC
Address 525 TAMIAMI TRAIL, UNIT #5
City-State-Zip: PORT CHARLOTTE FL 33953

Title MGR
Name WILLETTE, JENNIFER
Address 525 TAMIAMI TRAIL, UNIT #5
City-State-Zip: PORT CHARLOTTE FL 33953

Title MGR
Name BLOOM, RENAY
Address 525 TAMIAMI TRAIL, UNIT #5
City-State-Zip: PORT CHARLOTTE FL 33953

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: RENAY F. BLOOM

ATTORNEY-IN-FACT

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date