

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000144866

**Entity Name:** GUIDED HEALING THERAPY, LLC

**Current Principal Place of Business:**

5491 NORTH UNIVERSITY DRIVE  
202A  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

5491 NORTH UNIVERSITY DRIVE  
202A  
CORAL SPRINGS, FL 33067

**FEI Number:** 82-2094330

**Certificate of Status Desired:** No

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

HENRY, NADINE A  
5491 NORTH UNIVERSITY DRIVE  
202A  
CORAL SPRINGS, FL 33067 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 MGR  
Name HENRY, NADINE  
Address 5491 NORTH UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33067

Title PRESIDENT  
Name JOHNSON, SANDRA  
Address 6425 NW 50TH STREET  
City-State-Zip: LAUDERHILL FL 33319

Title VP  
Name JOHNSON, ALETHEA  
Address 6425 NW 50TH STREET  
City-State-Zip: LAUDERHILL FL 33319

*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:** NADINE HENRY

**MANAGER**

**02/21/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date