

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000360032

**Entity Name:** HEALING MEASURES WITH DR. HACKER-FINEY LLC

**Current Principal Place of Business:**

3415 W. LAKE MARY BLVD  
953954  
LAKE MARY, FL 32795

**Current Mailing Address:**

3415 W. LAKE MARY BLVD  
953954  
LAKE MARY, FL 32795 UN

**FEI Number:** 88-4028136

**Certificate of Status Desired:** Yes

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

HACKER-FINEY, NEISHA DR.  
3415 W. LAKE MARY BLVD  
953954  
LAKE MARY, FL 32795 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 AR  
Name HACKER-FINEY, NEISHA  
Address 3415 W. LAKE MARY BLVD #953954  
City-State-Zip: LAKE MARY 32795

*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:** HACKER-FINEY, NEISHA

DR

01/04/2024

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

\_\_\_\_\_  
Date