

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000005435

**Entity Name:** HEALING HANDS OF LYMPHATICS PLUS L.L.C.

**Current Principal Place of Business:**

110 NORTH FEDERAL HWY  
SUITE 201  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

110 NORTH FEDERAL HWY  
SUITE 201  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 65-0950562

**Certificate of Status Desired:** No

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

DAVEY, SUZANNE L OTR/L, CLT-LANA  
110 N FEDERAL HWY  
SUITE 201  
HALLANDALE BEACH, FL 33009 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:** SUZANNE DAVEY

02/06/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DAVEY, SUZANNE L  
Address 110 N FEDERAL HWY SUITE 201  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name GLASER, MARGARET  
Address 110 NORTH FEDERAL HWY  
SUITE 201  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** SUZANNE DAVEY

**REGISTERED AGENT**

02/06/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date