

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90214 041 ****50.00

DOCUMENT # L00000001798

1. Entity Name
HEALTH AND HEALING CENTER, L.L.C.



Principal Place of Business
**4525 SW 13TH STREET
GAINESVILLE, FL 32608**

Mailing Address
**4525 SW 13TH STREET
GAINESVILLE, FL 32608**

60021610



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
59-3635931

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WALKER, JAMES A.~~
~~2997 PONTE VEDRA BEACH PARK DRIVE~~
~~STE 200~~
~~POINTE VEDRA BEACH, FL 32083~~

Name
CHARLES B. STOER, MD

Street Address (P.O. Box Number is Not Acceptable)

4525 SW 13th STREET

City
GAINESVILLE

FL

Zip Code
32608

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE **3/6/07**

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
STOER, CHARLES B
4525 SW 13TH ST.
GAINESVILLE, FL 32608** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/6/07 3523778619