2008 LIMITED LIABILITY COMPANY

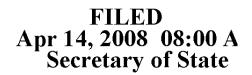
DOCUMENT # L00000001798

Principal Place of Business

HEALTH AND HEALING CENTER, L.L.C.

Mailing Address

4525 SW 13TH STREET GAINESVILLE, FL 32608 4525 SW 13TH STREET GAINESVILLE, FL 32608





01252008 No Chg-LLC

CR2E083 (12/07)

L	O NOI WRITE IN THIS SPA		FEI Number	Applied For
		-	59-3635931 Certificate of Status Desired	Not Applicable \$5.00 Additional
	C. Name and Address of Courses Declared Asset	J 3.	Certificate of Status Desired	Fee Required
6. Name and Address of Current Registered Agent STOER, CHARLES B MD 4525 SW 13TH STREET GAINESVILLE, FL 32608			DO NOT W IN THIS SP	·
	named entity submits this statement for the purpose of changing its registere ions of registered agent.	ed office or registered a	igent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE				
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS	. :		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOER, CHARLES B 4525 SW 13TH ST. GAINESVILLE, FL 32608			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U0000 04/25/08	0897889 8-80065-019 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SF	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 pushes empowered to execute this report as required by Chapter 608. Florida Statutes.				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #