

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006336

FILED
Apr 10, 2007
Secretary of State

Entity Name: GROWTH AND HEALING WELLNESS CENTER, LLC

Current Principal Place of Business:

1451 WEST CYPRESS CREEK ROAD
SUITE 300
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

2400 WEST CYPRESS CREEK ROAD
SUITE 205
FORT LAUDERDALE, FL 33309

Current Mailing Address:

1451 WEST CYPRESS CREEK ROAD
SUITE 300
FORT LAUDERDALE, FL 33309

New Mailing Address:

2400 WEST CYPRESS CREEK ROAD
SUITE 205
FORT LAUDERDALE, FL 33309

FEI Number: 20-0670288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADER, MARGARITA
1451 WEST CYPRESS CREEK ROAD
SUITE 300
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

MADER, MARGARITA
2400 WEST CYPRESS CREEK ROAD
SUITE 205
FORT LAUDERDALE, FL 33309 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: MARGARITA MADER

04/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MADER, MARGARITA
Address: 1451 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MADER, MARGARITA
Address: 2400 WEST CYPRESS CREEK ROAD, SUITE 205
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARGARITA MADER

MGRM

04/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date