

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017689

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: HEALING CENTRE, L.L.C.

**Current Principal Place of Business:**

515 SOUTH WASHINGTON BOULEVARD  
SARASOTA, FL 34236

**New Principal Place of Business:**

1837 BUCCANEER DRIVE  
SARASOTA, FL 34231

**Current Mailing Address:**

515 SOUTH WASHINGTON BOULEVARD  
SARASOTA, FL 34236

**New Mailing Address:**

1837 BUCCANEER DRIVE  
SARASOTA, FL 34231

FEI Number: 20-1127283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KALTSAS, HARVEY  
515 SOUTH WASHINGTON BOULEVARD  
SARASOTA, FL 34236 US

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

KALTSAS, HARVEY  
1837 BUCCANEER DRIVE  
SARASOTA, FL 34231 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: HARVEY KALTSAS

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KALTSAS, HARVEY  
Address: 515 SOUTH WASHINGTON BOULEVARD  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KALTSAS, HARVEY  
Address: 1837 BUCCANEER DRIVE  
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify 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: HARVEY KALTSAS

MGR

04/30/2009

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