

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000017689

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

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4370 S. TAMIAMI TRAIL  
SUITE 151  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

4370 S. TAMIAMI TRAIL  
SUITE 151  
SARASOTA, FL 34231

**New Mailing Address:**

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  
4370 S. TAMIAMI TRAIL  
SUITE 151  
SARASOTA, FL 34231 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KALTSAS, HARVEY  
Address: 4370 S. TAMIAMI TRAIL, SUITE 151  
City-St-Zip: SARASOTA, FL 34231

I hereby 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

01/04/2011

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