2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L04000074022

Entity Name: THE HEALING POINT, L.L.C.

Current Principal Place of Business:

1425 S. OSPREY AVE, SUITE 5
SARASOTA, FL 34239

New Principal Place of Business:

1425 S. OSPREY AVE
SUITE 5
SARASOTA, FL 34239

Current Mailing Address:

1425 S. OSPREY AVE, SUITE 5
SARASOTA, FL 34239

New Mailing Address:

1425 S. OSPREY AVE
SUITE 5
SARASOTA, FL 34239

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCGINNESS, W. LEE
1800 SECOND STREET STE. 971
SARASOTA, FL 34236 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 ( ) Delete
Name: BINNS, ASHLEE D MANAGER
Address: 1425 S OSPREY AVE, SUITE 5
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BINNS, ASHLEE D MANAGER
Address: 1425 S OSPREY AVE, SUITE 5
City-St-Zip: SARASOTA, FL 34239

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: ASHLEE BINNS MGR 05/02/2007

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