

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082995

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: DELAND HEALING CENTER, LLC

## Current Principal Place of Business:

207 S ALABAMA AVE.  
DELAND, FL 32720

## New Principal Place of Business:

207 S ALABAMA AVE.  
DELAND, FL 32724

## Current Mailing Address:

207 S ALABAMA AVE.  
DELAND, FL 32720

## New Mailing Address:

320 W MINNESOTA AVE  
DELAND, FL 32720

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROCE, ANN JEROME  
320 W. MINNESOTA AVE.  
DELAND, FL 32720 US

## Name and Address of New Registered Agent:

CROCE, ANN JEROME  
320 W. MINNESOTA AVE.  
DELAND, FL 32720 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: ANN JEROME CROCE

04/27/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: CROCE, PAUL JEROME  
Address: 320 W. MINNESOTA AVE.  
City-St-Zip: DELAND, FL 32720

Title: MGRM ( ) Delete  
Name: CROCE, ANN JEROME  
Address: 320 W. MINNESOTA AVE.  
City-St-Zip: DELAND, FL 32720

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANN JEROME CROCE

MS

04/27/2005

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