

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90345 018 \*\*\*\*50.00

**DOCUMENT # L05000000439**

1. Entity Name  
HEALING THERAPIES CLINIC, LTD. CO.



Principal Place of Business  
2950 ALOMA AVENUE, SUITE 103  
WINTER PARK, FL 32792

Mailing Address  
2950 ALOMA AVENUE, SUITE 103  
WINTER PARK, FL 32792

60033883

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
01-0830622

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOROSI, ANIKO  
138 SCOTTSDALE SQ.  
WINTER PARK, FL 32792

Name  
KOROSI, ANIKO

Street Address (P.O. Box Number is Not Acceptable)

816 KEYSTONE AVE

City ALTAMONTE SPRINGS FL

Zip Code 32701

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Aniko Korosi*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-5-07

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME MGRM ☐ Delete  
STREET ADDRESS KOROSI, ANIKO  
CITY-ST-ZIP 138 SCOTTSDALE SQ.  
WINTER PARK, FL 32792

TITLE  
NAME KOROSI, ANIKO ☒ Change ☐ Addition  
STREET ADDRESS 816 KEYSTONE AVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*Aniko Korosi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-5-07

Date

Daytime Phone #