

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000439

**FILED**  
**Mar 15, 2009**  
**Secretary of State**

**Entity Name:** HEALING THERAPIES CLINIC, LTD. CO.

**Current Principal Place of Business:**

2950 ALOMA AVENUE, SUITE 103  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

2950 ALOMA AVENUE, SUITE 103  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 01-0830622

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOROSI, ANIKO  
816 KEYSTONE AVE  
ALTAMONTE SPRINGS, FL 32701 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: MGRM ( ) Delete  
Name: KOROSI, ANIKO  
Address: 816 KEYSTONE AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES:**

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

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: ANIKO KOROSI

MGRM

03/15/2009

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