2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

DOOL MAENT #1 0500007440					Secretary of State				
DOCUMENT # L05000027443						04-18-2007 90	0040 0 33 *** *	` 50.00	
1. Entity Name NUTRITIONAL HEALING CENTERS, LLC									
	ON AE HEAEING GENTERO	J, LLO							
			1/4	STITE STATE OF THE PARTY OF THE					
Principal Pla	ice of Business	Mailing Address			40	<i>,</i> -			
5553 W WATERS STE 302		5553 W WATERS STE 302							
TAMPA, FL 33634		TAMPA, FL 33634							
					l stands	ın 28:8: 2111 2411 2411 2411 2211	- 11511 ISSN 619N 619SS (
O Dringing!	Place of Business No. D.O. Bassill	TA 1.77 - 1.11					i i i i i i i i i i i i i i i i i i i 		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				A ILLU IBELI AISSI EISBA I			
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
33.6,7,61.0,000.		oute, Apr. W. etc.		03192007	Chg-LLC C	R2E083 (12/06)			
City & State		City & State			4. FEI Numi	per	A	oplied For	
					56-25	07334	N	ot Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired 55.00 Additional				
	6 Name and Address of Comme	Nowindsoud & -i	<u> </u>				Fee Require	·d	
6. Name and Address of Current Registered Agent			Nai	me	7. Name and Address of New Registered Agent				
ULAN, FREDDIE									
224 POR		Street Address		Address (F	(P.O. Box Number is Not Acceptable)				
DUNEDIN	1, FL 34698		000			ILEE D	/_		
			City	<i>'</i>			FL Zip Cod	e	
8. The abov	e named entity submits this statement f	or the purpose of changing its	s registered offi	ce or registere	ed agent, or b	oth, in the State of Florida.	. I am familiar with,	and accept	
the obliga	ations of registered agent					4.4	2/	/	
SIGNATURE	Market (len	FRE	1015 U	IAN	MGR, RA.	3/261		
	Signature, typed or printed name of registered agen	l end title if applicable (NO)	TE Registered Agent	signature required	when reinsteting)	, , , , , , , , , , , , , , , , , , , 	DATE		
<u>'</u>									
	Filing Fee is \$50.00 Due by May 1, 2007						eck payable to partment of Stat	A	
						1 10,744 50,	parament or our	_	
9.	MANAGING MEMB		10.			ADDITIONS/CHA	ANGES		
TITLE	MGR	Pelete	TITLE		GK	PORTREE	Change	Addition	
NAME	DIRNEACH TEPORGE DO		NAME	4 2	-51 g/	CONSIGN	MAN	-	
			STREET ADD	ESS S	B FO	Richer.	PR	,	
	TAMPA, FL 33635		CITY - ST - ZIP	Du	IN 60	110, 7-6	34698		
THTLE	MGR	☐ Delete	TITLE			,	Change	Addition	
NAME STREET ADDRESS	ULAN, FREDDIE 224 PORTER DR		NAME STREET ADDI	a	124	PORTREZ	DR.		
CITY-ST-ZIP	DUNEDIN, FL 34698		STREET ADDR	(2)		•			
	MGR	N Delete		- no	GIL				
TITLE NAME	IRONS, LYNN	™ Delete	TITLE NAME	m	ARIA	ORTEN:	Change	Addition	
STREET ADDRESS	1		STREET ADDR	ess C		EVELEN:	0.51 #	252	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	زخ ا	EAR	WATER	ZL 33	750	
TITLE	MGR	☐ Delete	TOTLE			··· /· · · · · · · · · · · · · · · · ·	□ Change	Addition	
		L_1 Delete	HILL	ı				L_I HOUNDI	

NAME MAREN, ARTHUR J NAME STREET ADDRESS 80 ROGERS ST PHC STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33755 CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Borida 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.