

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90117 044 ***138.75

DOCUMENT # L05000027443

1. Entity Name
NUTRITIONAL HEALING CENTERS, LLC



Principal Place of Business
5553 W WATERS STE 302
TAMPA, FL 33634

Mailing Address
5553 W WATERS STE 302
TAMPA, FL 33634

50003707



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
56-2507334

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

ULAN, FREDDIE
224 PORTREE DR
DUNEDIN, FL 34698

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ULAN, FREDDIE
STREET ADDRESS 224 PORTREE DR
CITY - ST - ZIP DUNEDIN, FL 34698

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

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

TITLE ☒ Change ☐ Addition
NAME MAREN, ARTHUR J
STREET ADDRESS 1505 SUNSET DR
CITY - ST - ZIP CLEARWATER, FL 33755

TITLE MGR ☐ Delete
NAME BRYMAN, LESTER D
STREET ADDRESS 108 PORTREE DR
CITY - ST - ZIP DUNEDIN, FL 34698

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

TITLE MGR ☐ Delete
NAME ORTENZIO, MARIA
STREET ADDRESS 411 CLEVELAND ST #252
CITY - ST - ZIP CLEARWATER, FL 33755

TITLE ☒ Change ☐ Addition
NAME LYNN E. IRONS
STREET ADDRESS 608 N. OSCEOLA
CITY - ST - ZIP CLEARWATER, FL 33755

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *Freddie Ulan, MGR*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4.2.08 727-466.6069
Date Daytime Phone #