

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027443

FILED
Mar 30, 2009
Secretary of State

Entity Name: NUTRITIONAL HEALING CENTERS, LLC

Current Principal Place of Business:

5553 W WATERS STE 302
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5553 W WATERS STE 302
TAMPA, FL 33634

New Mailing Address:

FEI Number: 56-2507334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ULAN, FREDDIE
224 PORTREE DR
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

DAMANTI, SCOTT
1865 HARDING ST
CLEARWATER, FL 33765 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: SCOTT DAMANTI

03/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ULAN, FREDDIE
Address: 224 PORTREE DR
City-St-Zip: DUNEDIN, FL 34698

Title: MGR () Delete
Name: MAREN, ARTHUR J
Address: 1505 SUNSET DR.
City-St-Zip: CLEARWATER, FL 33755

Title: MGR (X) Delete
Name: BRYMAN, LESTER D
Address: 108 PORTREE DR
City-St-Zip: DUNEDIN, FL 34698

Title: MGR (X) Delete
Name: IRONS, LYNN
Address: 608 N. OJCEO LN.
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAMANTI, SCOTT
Address: 1865 HARDING ST
City-St-Zip: CLEARWATER, FL 33765

Title: MGR (X) Change () Addition
Name: PUSKAR, LORI
Address: 1865 HARDING ST
City-St-Zip: CLEARWATER, FL 33765

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 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: SCOTT DAMANTI

MGR

03/30/2009

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