

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015421

FILED  
Feb 25, 2008  
Secretary of State

**Entity Name:** ADVANCE HEALING CENTER, LLC

**Current Principal Place of Business:**

1507 S. HIAWASSEE RD  
SUITE 215  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

1507 S. HIAWASSEE RD  
SUITE 215  
ORLANDO, FL 32835

**New Mailing Address:**

**FEI Number:** 11-3804375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUELVAS, YINA  
504 CASCADING CREEK LANE  
WINTER GARDEN, FL 34787 US

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

HANLEY, ALLISON W  
1507 W HIAWASSEE  
SUITE 215  
WINTER GARDEN, FL 34787 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: ALLISON W. HANLEY

02/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: M ( ) Change (X) Addition  
Name: HANLEY, ALLISON W  
Address: 1507 S HIAWASSEE ROAD SUITE 215  
City-St-Zip: ORLANDO, FL 32835

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: ALLISON W HANLEY

M

02/25/2008

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