2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# L07000015421

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:

HANLEY, ALLISON W
1507 W HIAWASSEE
SUITE 215
WINTER GARDEN, FL 34787 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: M ( ) Delete
Name: HANLEY, ALLISON W
Address: 1507 S HIAWASSEE ROAD SUITE 215
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) 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 MGR 02/25/2009

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