

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025170

FILED
Mar 26, 2010
Secretary of State

Entity Name: HEISHA MEDICAL & THERAPY CENTER LLC

Current Principal Place of Business:

4620 N HABANA AVE SUITE 202
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4620 N HABANA AVE SUITE 202
TAMPA, FL 33614

New Mailing Address:

FEI Number: 80-0451081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTURIO, REINIER P
4620 N HABANA AVE 202
TAMPA, FL 33614 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: P
Name: SANTURIO, REINIER P
Address: 4620 N HABANA AVE SUITE 202
City-St-Zip: TAMPA, FL 33614

I hereby 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: REINIER PRIETO SANTURIO

OWNE

03/26/2010

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