

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025170

FILED
Feb 27, 2012
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:

4620 N HABANA AVE
SUITE 202
TAMPA, FL 33614

Current Mailing Address:

4620 N HABANA AVE SUITE 202
TAMPA, FL 33614

New Mailing Address:

4620 N HABANA AVE
SUITE 202
TAMPA, FL 33614

FEI Number: 80-0451081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

SANTURIO, REINIER P
4620 N HABANA AVE
SUITE 202
TAMPA, FL 33614 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: _____

Electronic Signature of Registered Agent

02/27/2012

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

02/27/2012

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