

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107327

FILED  
Apr 04, 2009  
Secretary of State

Entity Name: ACCELERATED HEALING, LLC

**Current Principal Place of Business:**

5901 COLONIAL DRIVE  
SUITE 101  
MARGATE, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

8945 NW 23ST  
CORAL SPRINGS, FL 33063 US

**New Mailing Address:**

1811 CORAL RIDGE DR  
CORAL SPRINGS, FL 33071 US

FEI Number: 26-1281164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBBINS, PETER  
8945 NW 23 ST  
CORAL SPRINGS, FL 33065 US

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

ROBBINS, PETER  
1811 CORAL RIDGE DR  
CORAL SPRINGS, FL 33071 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: PETER ROBBINS

04/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROBBINS, PETER  
Address: 8945 NW 23 ST  
City-St-Zip: CORAL SPRINGS, FL 33065 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROBBINS, PETER  
Address: 1811 CORAL RIDGE DR  
City-St-Zip: CORAL SPRINGS, FL 33071 US

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: PETER ROBBINS

MGR

04/04/2009

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