2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2010
Secretary of State

DOCUMENT# L08000052649

Entity Name: HEALING HANDS OF SUWANNEE COUNTY, LLC

Current Principal Place of Business:

405 11TH STREET SW
SUITE 101-A
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

405 11TH STREET SW
SUITE 101-A
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 36-4633873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER, THERESA MGRM
405 11TH STREET SW
SUITE 101-A
LIVE OAK, FL 32064 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: MGRM
Name: FOWLER, THERESA
Address: 405 11TH STREET SW, SUITE 101-A
City-St-Zip: LIVE OAK, FL 32064

Title: MGRM
Name: LATREILLE, HOLLI J
Address: 405 11TH STREET SW, SUITE 101-A
City-St-Zip: LIVE OAK, FL 32064

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 Statues.

SIGNATURE: HOLLI J LATREILLE MGRM 02/28/2010

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