

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086631

FILED
Feb 26, 2010
Secretary of State

Entity Name: ATLANTIC CENTER OF HEALING ARTS, LLC

Current Principal Place of Business:

1641 NW 110 TERRACE
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

1641 NW 110 TERRACE
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 26-3383688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROJAS, JASON
4037 SHADYVIEW LANE
TALLAHASSEE, FL 32311 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: MGR
Name: GIRELLO, CAROLINE A
Address: 1641 NW 110 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

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: CAROLINE GIRELLO

OWNE

02/26/2010

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