

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099653

Entity Name: HAILE THERAPIES, LLC

FILED  
Feb 15, 2009  
Secretary of State

## Current Principal Place of Business:

2653 SW 87TH DR.  
SUITE A  
GAINESVILLE, FL 32608

## New Principal Place of Business:

## Current Mailing Address:

1517 SW 115TH ST  
GAINESVILLE, FL 32607

## New Mailing Address:

2653 SW 87TH DR.  
SUITE A  
GAINESVILLE, FL 32608

FEI Number: 26-3610452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EVANS, GARRET D  
2653 SW 87TH DR.  
SUITE A  
GAINESVILLE, FL 32608 US

## Name and Address of New Registered Agent:

MICKLER, TANYA J PHD  
2653 SW 87TH DR.  
SUITE A  
GAINESVILLE, FL 32608 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: TANYA J MICKLER

02/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: EVANS, GARRET D PSY.D.  
Address: 2653 SW 87TH DR. - SUITE A  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM ( ) Delete  
Name: MICKLER, TANYA PH.D.  
Address: 2653 SW 87TH DR. - SUITE A  
City-St-Zip: GAINESVILLE, FL 32608

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TANYA MICKLER

MGRM

02/15/2009

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