

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099653

Entity Name: HAILE THERAPIES, LLC

FILED
Feb 22, 2010
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:

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

New Mailing Address:

FEI Number: 26-3610452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICKLER, TANYA J PHD
2653 SW 87TH DR.
SUITE A
GAINESVILLE, FL 32608 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: EVANS, GARRET D PSY.D.
Address: 2653 SW 87TH DR. - SUITE A
City-St-Zip: GAINESVILLE, FL 32608

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

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: TANYA J. MICKLER, PHD

MGRM

02/22/2010

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