

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000099653

Entity Name: HAILE THERAPIES, LLC

**FILED**  
**Jan 11, 2011**  
**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:**

**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: \_\_\_\_\_

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

MS

01/11/2011

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