2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2010
Secretary of State

DOCUMENT# L09000033916

Entity Name: HYPERBARIC OXYGEN HEALING CENTER, LLC

Current Principal Place of Business:

2665 EXECUTIVE PARK DRIVE
SUITE #3
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

2665 EXECUTIVE PARK DRIVE
SUITE #3
WESTON, FL 33331

New Mailing Address:

FEI Number: 26-4694668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BHAMBHANI, NIRANJAN
2665 EXECUTIVE PARK DRIVE
SUITE #3
WESTON, FL 33331 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: NERETTE, JEAN-CLAUDE JR.
Address: 2665 EXECUTIVE PARK DRIVE, SUITE #3
City-St-Zip: WESTON, FL 33331

Title: MGRM
Name: MUNIZ, STEPHANIE
Address: 2665 EXECUTIVE PARK DRIVE, SUITE #3
City-St-Zip: WESTON, FL 33331

Title: MGRM
Name: BHAMBHANI, NIRANJAN
Address: 3795 E COQUINA WAY
City-St-Zip: WESTON, FL 33332

Title: MGRM
Name: BHAMBHANI, DEEPA
Address: 3795 E COQUINA WAY
City-St-Zip: WESTON, FL 33332

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: NIRANJAN BHAMBHANI MGRM 04/08/2010

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