

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000037374

FILED  
Feb 02, 2010  
Secretary of State

**Entity Name:** HEALING ARTS CENTER OF THE VILLAGES LLC

**Current Principal Place of Business:**

13940 N US HIGHWAY 441  
SUITE 906  
THE VILLAGES, FL 32159

**New Principal Place of Business:**

**Current Mailing Address:**

13940 N US HIGHWAY 441  
SUITE 906  
THE VILLAGES, FL 32159

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GEORGIADES, BARBARA M  
13940 N US HIGHWAY 441  
SUITE 906  
THE VILLAGES, FL 32159 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: GEORGIADES, JAMES  
Address: 13940 N US HIGHWAY 441 SUITE 906  
City-St-Zip: THE VILLAGES, FL 32159

Title: MGR  
Name: GEORGIADES, BARBARA  
Address: 13940 N US HIGHWAY 441 SUITE 906  
City-St-Zip: THE VILLAGES, FL 32159

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: BARBARA M GEORGIADES                      MGR                      02/02/2010

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