

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000044667

FILED
Feb 25, 2010
Secretary of State

Entity Name: CENTER FOR CRANIOSACRAL THERAPY, LLC

Current Principal Place of Business:

12300 ALTERNATE A1A
SUITE 111
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

12300 ALTERNATE A1A
SUITE 111
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 26-4825325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROY, DESJARLAIS
15740 74TH AVENUE NORTH
PALM BEACH GARDENS, FL 33418 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: ROY, DESJARLAIS
Address: 15740 74TH AVENUE NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM
Name: DAVE, HALFON
Address: 6119 OAK BLUFF WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM
Name: SHERYL, MCGAVIN
Address: 165 MAPLECREST CIRCLE
City-St-Zip: JUPITER, FL 33458

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: ROY DESJARLAIS

MR.

02/25/2010

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