

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000087517

FILED
Apr 20, 2010
Secretary of State

Entity Name: TOB HEALING LLC

Current Principal Place of Business:

900 WEST TENNESSEE ST.
TALLAHASSEE, FL 32304

New Principal Place of Business:

2619 CENTENNIAL BLVD, STE. 103
TALLAHASSEE, FL 32308

Current Mailing Address:

3512 CLIFDEN DRIVE
TALLAHASSEE, FL 32309

New Mailing Address:

2619 CENTENNIAL BLVD, STE. 103
TALLAHASSEE, FL 32308

FEI Number: 27-0931325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIEPMANN, KEN
3512 CLIFDEN DRIVE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

KNIEPMANN, KEN
2619 CENTENNIAL BLVD, STE. 103
TALLAHASSEE, FL 32308 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:

04/20/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SCHUCHTS, ROBERT
Address: 2619 CENTENNIAL BLVD, STE. 103
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM
Name: MARIO SACASA LLC
Address: 2619 CENTENNIAL BLVD, STE. 103
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM
Name: CARLOS GOMEZ-ESTEFAN
Address: 2619 CENTENNIAL BLVD, STE. 103
City-St-Zip: TALLAHASSEE, FL 32308

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: KEN KNIEPMANN

RA

04/20/2010

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