

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000091831

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** INTENTIONAL HEALING, LLC

**Current Principal Place of Business:**

2351 WEST EAU GALLIE BLVD  
SUITE 7  
MELBOURNE, FL 32935

**New Principal Place of Business:**

2571 WEST EAU GALLIE BLVD  
SUITE 3  
MELBOURNE, FL 32935

**Current Mailing Address:**

2351 WEST EAU GALLIE BLVD  
SUITE 7  
MELBOURNE, FL 32935

**New Mailing Address:**

2571 WEST EAU GALLIE BLVD  
SUITE 3  
MELBOURNE, FL 32935

**FEI Number:** 27-0993000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WONG, SANDRA CHOW  
2351 WEST EAU GALLIE BLVD  
SUITE 7  
MELBOURNE, FL 32935 US

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

WONG, SANDRA CHOW  
2571 WEST EAU GALLIE BLVD  
SUITE 3  
MELBOURNE, FL 32935 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: SANDRA WONG

02/13/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WONG, SANDRA C  
Address: 2571 WEST EAU GALLIE BLVD., SUITE 3  
City-St-Zip: MELBOURNE, FL 32935

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: SANDRA WONG

MGR

02/13/2012

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