

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000095479

FILED
Mar 31, 2010
Secretary of State

Entity Name: HEALING TREATMENT CENTERS OF FLORIDA, LLC

Current Principal Place of Business:

3702 WASHINGTON STREET
SUITE 202
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

450 N PARK ROAD
SUITE 606
HOLLYWOOD, FL 33021 US

Current Mailing Address:

3702 WASHINGTON STREET
SUITE 202
HOLLYWOOD, FL 33021 US

New Mailing Address:

450 N PARK ROAD
SUITE 606
HOLLYWOOD, FL 33021 US

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

Name and Address of Current Registered Agent:

BLOM, JOHANNES V MD
3702 WASHINGTON STREET
SUITE 202
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

ENGELS, GABRIELA
450 N PARK ROAD
SUITE 606
HOLLYWOOD, FL 33021 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: GE

03/31/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ENGELS, GABRIELA
Address: 450 N PARK ROAD, SUITE 606
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM
Name: JIMENEZ, CARLA
Address: 450 N PARK ROAD, SUITE 606
City-St-Zip: HOLLYWOOD, FL 33021 US

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: GE

PRES

03/31/2010

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