2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

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Entity Name: PROFESSIONAL HEALING SERVICES LLC

Current Principal Place of Business:

5130 S. FLORIDA AVE, STE 410
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

5130 S. FLORIDA AVE, STE 410
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 27-1341489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LI, ROBERTO SR
5130 S. FLORIDA AVE, STE 410
LAKELAND, FL 33813 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: LI, ROBERTO SR.
Address: 5130 S. FLORIDA AVE, STE 410
City-St-Zip: LAKELAND, FL 33813

Title: MGR
Name: REYES, URBANO
Address: 5130 SOUTH FLORIDA AVE, STE 410
City-St-Zip: LAKELAND, FL 33813

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 Statues.

SIGNATURE: ROBERTO LI MGRM 05/01/2011

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