

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000111639

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** PROFESSIONAL HEALING SERVICES LLC

**Current Principal Place of Business:**

7028 W WATERS AVENUE, SUITE 221  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

7028 W WATERS AVENUE, SUITE 221  
TAMPA, FL 33634

**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:**

LI, ROBERTO SR  
7028 W WATERS AVENUE  
221  
TAMPA, FL 33634 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: ROBERTO LI

04/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LI, ROBERTO  
Address: 7028 W WATERS AVENUE, SUITE 221  
City-St-Zip: TAMPA, FL 33634

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: ROBERTO LI

MGRM

04/12/2012

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