

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000022445

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** HEALING HANDS OF MARCO ISLAND, LLC

**Current Principal Place of Business:**

178 GREENBRIER STREET  
MARCO ISLAND, FL 34145 US

**New Principal Place of Business:**

220 FISHTAIL PALM LANE  
NAPLES, FL 34114 US

**Current Mailing Address:**

178 GREENBRIER STREET  
MARCO ISLAND, FL 34145 US

**New Mailing Address:**

220 FISHTAIL PALM LANE  
NAPLES, FL 34114 US

**FEI Number:** 90-0669566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SIESKY, JAMES H  
1000 NORTH TAMIAMI TRAIL  
SUITE 201  
NAPLES, FL 34102 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:** MGR  
**Name:** CALLAHAN, THEODORA L LMT  
**Address:** 220 FISHTAIL PALM LANE  
**City-St-Zip:** NAPLES, FL 34114 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:** THEODORA L. CALLAHAN, LMT

MGR

03/15/2011

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