

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAY 13 PM 1:13

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** L97000001315

THE HEALING ARTS, L.C.  
3565 NORTH OCEAN BLVD.  
DELRAY BEACH FL 33483

1a. Principal Place of Business Address

3565 NORTH OCEAN BLVD.  
DELRAY BEACH FL 33483

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

11/21/1997

FL

4. FEI Number

☒ Applied For

☐ Not Applicable

65-0796833

5. Date of Last Report

6. Certificate of Status Desired

See 7c Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

VAJDA, ISTVAN  
3565 NORTH OCEAN BLVD.  
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

500002524375--4

-05/14/98--01125--004

\*\*\*\*188.75 \*\*\*\*188.75

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-stating)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM VAJDA, ISTVAN

3565 NORTH OCEAN BLVD.

DELRAY BEACH FL

MGRM VAJDA, BALAZS

3565 NORTH OCEAN BLVD.

DELRAY BEACH FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE (OR PRINT) NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Apr. 09/98.

1-954-698-1961