

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005435

FILED
Jul 16, 2008
Secretary of State

Entity Name: HEALING HANDS OF LYMPHATICS PLUS L.L.C.

Current Principal Place of Business:

110 N FEDERAL HWY
SUITE 201
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

110 N FEDERAL HWY
SUITE 201
HALLANDALE BEACH, FL 33009 US

Current Mailing Address:

110 N FEDERAL HWY
SUITE 201
HALLANDALE BEACH, FL 33009

New Mailing Address:

110 N FEDERAL HWY
SUITE 201
HALLANDALE BEACH, FL 33009 US

FEI Number: 65-0950562 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAVEY, SUZANNE L OTR/L
110 N FEDERAL HWY
SUITE 201
HALLANDALE BEACH, FL 33009 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: DAVEY, SUZANNE L
Address: 110 N FEDERAL HWY SUITE 201
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGR (X) Change () Addition
Name: DAVEY, SUZANNE L
Address: 110 N FEDERAL HWY SUITE 201
City-St-Zip: HALLANDALE BEACH, FL 33009 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SUZANNE L. DAVEY

MGR

07/16/2008

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