

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006969

1. Entity Name

NATURAL HEALING CENTER, L.L.C.

Principal Place of Business

5807 HIGHWAY 90
MILTON FL 32583-1739

Mailing Address

5807 HIGHWAY 90
MILTON FL 32583-1739

2. Principal Place of Business

5236 Willing St.

3. Mailing Address

P.O. Box 2403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MILTON, FL.

City & State

PAGE, FL.

Zip

32570

Country

SANTA ROSA

Zip

32571-0979

Country

SANTA ROSA

6. Name and Address of Current Registered Agent

IOAKIM, DEBORAH M
5807 HIGHWAY 90
MILTON FL 32583-1739

4. FEI Number

59-3607520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME IOAKIM, DEBORAH M
STREET ADDRESS 6282 PINE TERRACE CIRCLE
CITY-ST-ZIP MILTON FL 32570-7817 ☐ Delete

TITLE MGRM
NAME MATCHETT, RAMONA L
STREET ADDRESS 2424 HIGHWAY 192
CITY-ST-ZIP JAY FL 32565-9410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I 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 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.

SIGNATURE: Ramona L. Matchett RAMONA L. MATCHETT 4-10-01 850-981-1463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)