

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90057 005 ****50.00

DOCUMENT # L99000006969

1. Entity Name
NATURAL HEALING CENTER, L.L.C.

Principal Place of Business
**5236 WILLING ST
 MILTON FL 32570**

Mailing Address
**P.O. BOX 2403
 PACE FL 32571-0979**

80102896



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3607520**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **(Same)**
 Street Address (P.O. Box Number is Not Acceptable)
6282 Pine Terrace Circle
 City **MILTON** FL Zip Code **32570-7817**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 MATCHETT, RAMONA L
 2424 HIGHWAY 182
 JAY FL 32565-9410** ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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** **4-29-02** **850-981-1463**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0026705
 CR2E083 (9/01)