

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004161

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** TALLAHASSEE THERAPEUTIC HEALING CENTER, L.L.C.

**Current Principal Place of Business:**

1989 CAPITAL CIRCLE NE., STE. 9  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1989 CAPITAL CIRCLE NE., STE. 9  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 20-8846818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RESHARD, BRENDA  
1989 CAPITAL CIRCLE NE., STE. 9  
TALLAHASSEE, FL 32308 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: MGRM ( ) Delete  
Name: RESHARD, BRENDA  
Address: 8934 RESHARD LANE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM ( ) Delete  
Name: RESHARD, LLOYD  
Address: 8934 RESHARD LANE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM ( ) Delete  
Name: RESHARD, CLINTON  
Address: 8934 RESHARD LANE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM ( ) Delete  
Name: MCCLAM, COBY  
Address: 8934 RESHARD LANE  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRENDA RESHARD

MGRM

04/29/2008

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