

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000017689

**Entity Name:** HEALING CENTRE, L.L.C.

**Current Principal Place of Business:**

1217 EAST AVE. S.  
SUITE 207  
SARASOTA, FL 34239

**Current Mailing Address:**

1217 EAST AVE. S.  
SUITE 207  
SARASOTA, FL 34239 US

**FEI Number:** 20-1127283

**Certificate of Status Desired:** No

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

KALTSAS, HARVEY  
1217 EAST AVE. S.  
SUITE 207  
SARASOTA, FL 34239 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

**Authorized Person(s) Detail :**

Title MGR  
Name KALTSAS, HARVEY  
Address 1217 EAST AVE. S.  
SUITE 207  
City-State-Zip: SARASOTA FL 34239

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HARVEY KALTSAS

MGR

06/07/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date