

2014 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.

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date