

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000189415

Entity Name: THE HEALING ARTS CENTER, LLC

Current Principal Place of Business:

1224 NW 9TH AVENUE
GAINESVILLE, FL 32601

Current Mailing Address:

1224 NW 9TH AVE
GAINESVILLE, FL 32601 US

FEI Number: 47-2521535

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOLE, JOY R
1224 NW 9TH AVE
GAINESVILLE, FL 32601 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 BOLE, JOY
Address 1224 NW 9TH AVE
City-State-Zip: GAINESVILLE FL 32601

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: JOY R BOLE

MGR

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date