

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000012296

Entity Name: HEALING PATHWAYS COUNSELING SERVICES, LLC

Current Principal Place of Business:

111 JEWEL DRIVE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

3814 SHADY GROVE CIRCLE
ORLANDO, FL 32810 US

FEI Number: 47-2885256

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KUCHMAN, CHRISTINA
3814 SHADY GROVE CIRCLE
ORLANDO, FL 32810 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 MGRM
Name KUCHMAN, CHRISTINA
Address 3814 SHADY GROVE CIRCLE
City-State-Zip: ORLANDO FL 32810

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: CHRISTINA KUCHMAN

MANAGER

03/23/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date