

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000061545

**Entity Name:** DMHHC COUNSELING, LLC

**Current Principal Place of Business:**

525 TAMIAMI TRAIL, UNIT #5  
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

525 TAMIAMI TRAIL, UNIT #5  
PORT CHARLOTTE, FL 33953 US

**FEI Number:** 35-2559571

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 MBR  
Name SAT NAM GROUP, LLC  
Address 525 TAMIAMI TRAIL, UNIT #5  
City-State-Zip: PORT CHARLOTTE FL 33953

Title MBR  
Name STARFISH GROUP, LLC  
Address 525 TAMIAMI TRAIL, UNIT #5  
City-State-Zip: PORT CHARLOTTE FL 33953

Title MBR  
Name HEALTHY VIRTUE, LLC  
Address 525 TAMIAMI TRAIL, UNIT #5  
City-State-Zip: PORT CHARLOTTE FL 33953

Title MBR  
Name SATYA WELLNESS, LLC  
Address 525 TAMIAMI TRAIL, UNIT #5  
City-State-Zip: PORT CHARLOTTE FL 33953

Title MGR  
Name WILLETTE, JENNIFER  
Address 525 TAMIAMI TRAIL, UNIT #5  
City-State-Zip: PORT CHARLOTTE FL 33953

Title MGR  
Name BLOOM, RENAY  
Address 525 TAMIAMI TRAIL, UNIT #5  
City-State-Zip: PORT CHARLOTTE FL 33953

*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:** RENAY F. BLOOM

**ATTORNEY-IN-FACT**

**05/01/2017**

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

\_\_\_\_\_  
Date