2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2017
Secretary of State
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Entity Name: HEALING WATERS THERAPY, LLC

Current Principal Place of Business:

3697 CROWN POINT COURT
JACKSONVILLE, FL 32257

Current Mailing Address:

3697 CROWN POINT COURT
JACKSONVILLE, FL 32257 US

FEI Number: 81-3795067

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GABRIEL, KRISTI B
11717 EDINBURGH WAY
JACKSONVILLE, FL 32223 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	Title	AP
Name	GABRIEL, KRISTI B	Name	DORFMAN, DORIS S
Address	11717 EDINBURGH WAY	Address	11717 EDINBURGH WAY
City-State-Zip:	JACKSONVILLE FL 32223	City-State-Zip:	JACKSONVILLE FL 32223

Title	AP
Name	GABRIEL, JOEY V
Address	11717 EDINBURGH WAY
City-State-Zip:	JACKSONVILLE FL 32223

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: KRISTI GABRIEL MGR 01/05/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date