2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L06000024806

Entity Name: HEALIS OF PALMETTO BAY, LLC

Current Principal Place of Business:

18001 OLD CUTLER ROAD, SUITE 354
VILLAGE OF PALMETTO BAY, FL 33157

New Principal Place of Business:

18001 OLD CUTLER ROAD
SUITE 354
VILLAGE OF PALMETTO BAY, FL 33157

Current Mailing Address:

18001 OLD CUTLER ROAD, SUITE 354
VILLAGE OF PALMETTO BAY, FL 33157

New Mailing Address:

18001 OLD CUTLER ROAD
SUITE 354
VILLAGE OF PALMETTO BAY, FL 33157

FEI Number: 41-2241365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALVEZ, LISA
18001 OLD CUTLER ROAD, SUITE 354
VILLAGE OF PALMETTO BAY, FL 33157 US

Name and Address of New Registered Agent:

GALVEZ, LISA
18001 OLD CUTLER ROAD
SUITE 354
VILLAGE OF PALMETTO BAY, FL 33157 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: 04/21/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HEALIS REHABILITATION CENTER INC.
Address: 18001 OLD CUTLER ROAD, SUITE 368
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: MGRM ( ) Delete
Name: SKWERES, DEBORAH
Address: 18001 OLD CUTLER ROAD, SUITE 354
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HEALIS REHABILITATION CENTER INC.
Address: 18001 OLD CUTLER ROAD, SUITE 354
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: HEATHER ATTONG MGR 04/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date