2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L08000015183

Entity Name: HEALTH ASSOCIATES, PL

Current Principal Place of Business:

12479 TELECOM PARKWAY
TAMPA, FL 33637

New Principal Place of Business:

12479 TELECOM DRIVE
TAMPA, FL 33637

Current Mailing Address:

12479 TELECOM PARKWAY
TAMPA, FL 33637

New Mailing Address:

12479 TELECOM DRIVE
TAMPA, FL 33637

FEI Number: 26-1959979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: LANDREVILLE, MD, ANDRE PRES
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

Title: MGRM ( ) Change (X) Addition
Name: MARCANO, MD, NELLY A SEC
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

Title: MGRM ( ) Change (X) Addition
Name: YONTECK, MD, TODD TREAS
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

Title: MGRM ( ) Change (X) Addition
Name: LONGLEY, MD, MICHAEL B
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

Title: MGRM ( ) Change (X) Addition
Name: CONLEY, MD, AMY R
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

Title: MGRM ( ) Change (X) Addition
Name: LAY, MD, STEVEN F
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

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: ANDRE LANDREVILLE, MD MGRM 01/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date