

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015183

Entity Name: HEALTH ASSOCIATES, PL

FILED
Apr 08, 2010
Secretary of State

Current Principal Place of Business:

12479 TELECOM DRIVE
TAMPA, FL 33637

New Principal Place of Business:

Current Mailing Address:

12479 TELECOM DRIVE
TAMPA, FL 33637

New Mailing Address:

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: MGRM
Name: LANDREVILLE, MD, ANDRE PRES
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

Title: MGRM
Name: TIRHEIMER, WENZEL
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

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

Title: MGRM
Name: LONGLEY, MD, MICHAEL B SEC
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

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

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

I hereby 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

MGRM

04/08/2010

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