2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2011
Secretary of State

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Entity Name: HEALTH ASSOCIATES, PL

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: MGR
Name: BAKER, PA, BRIAN M CEO
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

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

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

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

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

Title: MGRM
Name: LAY, MD, STEVEN F VP
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 Statues.

SIGNATURE: BRIAN M. BAKER CEO 04/12/2011

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