

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004181

FILED
Jan 15, 2009
Secretary of State

Entity Name: PHOENIX HEALTHCARE ASSOCIATES, LLC

Current Principal Place of Business:

4613 UNIVERSITY DRIVE
SUITE 384
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

Current Mailing Address:

4613 UNIVERSITY DRIVE
SUITE 384
CORAL SPRINGS, FL 33067 US

New Mailing Address:

FEI Number: 65-1082033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, WILLIAM
10121 NW 59TH COURT
PARKLAND, FL 33076 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 () Delete
Name: OWEN, MINDY
Address: 4613 UNIVERSITY DRIVE, SUITE 384
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM () Delete
Name: OWEN, WILLIAM
Address: 4613 UNIVERSITY DRIVE, SUITE 384
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES:

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

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: WILLIAM D OWEN

MGRM

01/15/2009

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