

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000004181

**FILED**  
**Jan 09, 2010**  
**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  
Name: OWEN, MINDY  
Address: 4613 UNIVERSITY DRIVE, SUITE 384  
City-St-Zip: CORAL SPRINGS, FL 33067

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

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: WILLIAM D. OWEN

MGRM

01/09/2010

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