

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043892

FILED
Apr 22, 2005
Secretary of State

Entity Name: HEALIS FITNESS CENTER, LLC

Current Principal Place of Business:

10700 CARIBBEAN BLVD
STE 108
MIAMI, FL 33189 US

Current Mailing Address:

10700 CARIBBEAN BLVD
STE 108
MIAMI, FL 33189 US

New Principal Place of Business:

18001 OLD CUTLER ROAD
STE 358
PALMETTO BAY, FL 33157 US

New Mailing Address:

18001 OLD CUTLER ROAD
STE 368
PALMETTO BAY, FL 33157 US

FEI Number: 20-1190144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTH DADE REHAB, INC.
10700 CARIBBEAN BLVD
STE 108
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

HEALIS REHABILITATION CENTER
18001 OLD CUTLER ROAD
STE 368
PALMETTO BAY, FL 33157 US

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: LISA GALVEZ

04/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ROBERTS, HEATHER
Address: 10700 CARIBBEAN BLVD STE 108
City-St-Zip: MIAMI, FL 33189 US

Title: MGRM () Delete
Name: GALVEZ, LISA
Address: 10700 CARIBBEAN BLVD STE 108
City-St-Zip: MIAMI, FL 33189 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ATTONG, HEATHER
Address: 18001 OLD CUTLER ROAD, STE 368
City-St-Zip: PALMETTO BAY, FL 33157 US

Title: MGRM (X) Change () Addition
Name: GALVEZ, LISA
Address: 18001 OLD CUTLER ROAD, STE 368
City-St-Zip: PALMETTO BAY, FL 33157 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LISA GALVEZ

MGRM

04/22/2005

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