

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043892

FILED
Apr 21, 2009
Secretary of State

Entity Name: HEALIS FITNESS CENTER, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

18001 OLD CUTLER ROAD
STE 354
PALMETTO BAY, FL 33157 US

New Mailing Address:

FEI Number: 20-1190144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEALIS REHABILITATION CENTER
18001 OLD CUTLER ROAD
STE 354
PALMETTO BAY, FL 33157 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 () Delete
Name: ATTONG, HEATHER
Address: 18001 OLD CUTLER ROAD, STE 354
City-St-Zip: PALMETTO BAY, FL 33157 US

Title: MGRM () Delete
Name: GALVEZ, LISA
Address: 18001 OLD CUTLER ROAD, STE 354
City-St-Zip: PALMETTO BAY, FL 33157 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: SKWERES, DEBORAH
Address: 10400 SW 107 ST
City-St-Zip: MIAMI, FL 33176

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: HEATHER ATTONG

MGR

04/21/2009

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