

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043892

FILED  
Sep 21, 2010  
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:**

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

**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  
Name: ATTONG, HEATHER  
Address: 18001 OLD CUTLER ROAD, STE 354  
City-St-Zip: PALMETTO BAY, FL 33157 US

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

Title: MGRM  
Name: SKWERES, DEBORAH  
Address: 10400 SW 107 ST  
City-St-Zip: MIAMI, FL 33176

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: HEATHER ATTONG

MRG

09/21/2010

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