


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000048487</b> 1. Entity Name THE HEALTH CENTER AT THE COMMONS LLC	
--	---

Principal Place of Business 1265 SOUTH MILITARY TRAIL, STE. 110 DEERFIELD BEACH, FL 33442	Mailing Address 1265 SOUTH MILITARY TRAIL, STE. 110 DEERFIELD BEACH, FL 33442
---	---

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC		CR2E083 (11/05)	
4. FEI Number 20-1307828	Applied For	Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

WILLIAMS, DOROTHY L  
1265 S MILITARY TR  
STE 110  
DEERFIELD BEACH, FL 33442

DO NOT WRITE  
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, DOROTHY L 1265 S MILITARY TR STE 110 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MINSKEY, LEO R 1265 S MILITARY TR STE 110 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000689223  
03/27/07-80064-007 50.00

DO NOT WRITE  
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *Dorothy L Williams* DOROTHY L WILLIAMS *3/13/07* 954-354-0440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #