


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000048487 1. Entity Name THE HEALTH CENTER AT THE COMMONS LLC	
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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
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DO NOT WRITE IN THIS SPACE



03052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1307828	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000825960
 04/18/08-80034-024 138.75

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

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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 4/4/08 954-354-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #