

**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



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



03052008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**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 reappointing) **DATE** _____

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

000000825960
04/18/08-60034-024 138.75

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

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CITY-ST-ZIP	

**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/4/08 954-354-0440
Date Daytime Phone #