

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048487

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: THE HEALTH CENTER AT THE COMMONS LLC

**Current Principal Place of Business:**

1265 SOUTH MILITARY TRAIL, STE. 110  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

1265 SOUTH MILITARY TRAIL, STE. 110  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

1265 SOUTH MILITARY TRAIL,  
STE. 110  
DEERFIELD BEACH, FL 33442

FEI Number: 20-1307828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, DOROTHY L  
1265 S MILITARY TR  
STE 110  
DEERFIELD BEACH, FL 33442 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: P ( ) Delete  
Name: WILLIAMS, DOROTHY L  
Address: 1265 S MILITARY TR STE 110  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: T ( ) Delete  
Name: MINSKEY, LEO R  
Address: 1265 S MILITARY TR STE 110  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES:**

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

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

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: DOROTHY L. WILLIAMS

P

04/02/2009

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