

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048487

**FILED**  
**Mar 30, 2010**  
**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:**

1861 WEST HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

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

**New Mailing Address:**

1861 WEST HILLSBORO BLVD.  
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:**

WILLIAMS, DOROTHY L  
1861 WEST HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33442 US

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: \_\_\_\_\_

03/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: WILLIAMS, DOROTHY L  
Address: 1861 WEST HILLSBORO BLVD.  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: T  
Name: MINSKEY, LEO R  
Address: 1861 WEST HILLSBORO BLVD.  
City-St-Zip: DEERFIELD BEACH, FL 33442

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: DOROTHY L. WILLIAMS

PRES

03/30/2010

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