

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099496

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: HEALIS SUMMIT REHAB & SPORTS MEDICINE, LLC

## Current Principal Place of Business:

18001 OLD CUTLER ROAD  
SUITE 368  
PALMETTO BAY, FL 33157

## New Principal Place of Business:

10300 SW 72 ST,  
SUITE 270  
MIAMI, FL 33173

## Current Mailing Address:

18001 OLD CUTLER ROAD  
SUITE 368  
PALMETTO BAY, FL 33157

## New Mailing Address:

18001 OLD CUTLER ROAD  
SUITE 354  
PALMETTO BAY, FL 33157

FEI Number: 20-3993991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ATTONG, HEATHER  
18001 OLD CUTLER ROAD  
SUITE 368  
PALMETTO BAY, FL 33157 US

## Name and Address of New Registered Agent:

ATTONG, HEATHER  
18001 OLD CUTLER ROAD  
SUITE 354  
PALMETTO BAY, FL 33157 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:

04/30/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ATTONG, HEATHER  
Address: 18001 OLD CUTLER ROAD, STE 368  
City-St-Zip: PALMETTO BAY, FL 33157

Title: MGRM ( ) Delete  
Name: GALVEZ, LISA  
Address: 18001 OLD CUTLER ROAD, STE 368  
City-St-Zip: PALMETTO BAY, FL 33157

Title: MGRM ( ) Delete  
Name: WELCH, GREG  
Address: 18001 OLD CUTLER ROAD, STE 368  
City-St-Zip: PALMETTO BAY, FL 33157

## ADDITIONS/CHANGES:

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

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: HEATHER ATTONG

MGRM

04/30/2007

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