

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121513

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: HEALIS OF KENDALL, LLC

## Current Principal Place of Business:

18001 OLD CUTLER ROAD  
SUITE 368  
PALMETTO BAY, FL 33157

## New Principal Place of Business:

11155 SW 112 AVE  
MIAMI, FL 33176

## 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: 65-1297660

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ATTONG, HEATHER  
16780 SW 78 AVENUE  
PALMETTO BAY, FL 33157 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: MGRM ( ) Delete  
Name: HEALIS REHAB CENTER, INC  
Address: 18001OLD CUTLER ROAD, SUITE 354  
City-St-Zip: PALMETTO BAY, FL 33157

Title: MGRM ( ) Delete  
Name: STUDIO PILATES AND P, HYSICAL THERAP Y, LLC  
Address: 18001 OLD CUTLER RD., STE 354  
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:

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

AGEN

04/30/2007

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