

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121513

Entity Name: HEALIS OF KENDALL, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

11155 SW 112 AVE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

18001 OLD CUTLER ROAD
SUITE 354
PALMETTO BAY, FL 33157

New Mailing Address:

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 PHYSICAL THERAPY, 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

MGR

04/29/2009

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