

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024806

Entity Name: HEALIS OF PALMETTO BAY, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

18001 OLD CUTLER ROAD, SUITE 354
VILLAGE OF PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

18001 OLD CUTLER ROAD, SUITE 354
VILLAGE OF PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: 41-2241365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALVEZ, LISA
18001 OLD CUTLER ROAD, SUITE 354
VILLAGE OF 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 REHABILITATIO, N CENTER INC.
Address: 18001 OLD CUTLER ROAD, SUITE 368
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: MGRM () Delete
Name: SKWERES, DEBORAH
Address: 18001 OLD CUTLER ROAD, SUITE 368
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SKWERES, DEBORAH
Address: 18001 OLD CUTLER ROAD, SUITE 354
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

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

04/28/2008

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