

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000024806

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** HEALIS OF PALMETTO BAY, LLC

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GALVEZ, LISA  
18001 OLD CUTLER ROAD  
SUITE 354  
VILLAGE OF 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HEALIS REHABILITATION CENTER INC.  
**Address:** 18001 OLD CUTLER ROAD, SUITE 354  
**City-St-Zip:** VILLAGE OF PALMETTO BAY, FL 33157

**Title:** MGRM  
**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 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

05/01/2010

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