2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L06000110135

Entity Name: FAST-HEALIS, LLC

Current Principal Place of Business:

10661 W. ATLANTIC BOULEVARD
CORAL SPRINGS, FL 33071   FL

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 273309
BOCA RATON, FL 33427   FL

New Mailing Address:

2401 BOCA RATON BLVD
BOCA RATON, FL 33431   FL

FEI Number: 20-8481387   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

SCHWARTZ, STEVEN G ESQUIRE
6751 NORTH FEDERAL HIGHWAY
SUITE 400
BOCA RATON, FL 33487 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:	FAST PERFORMANCE, IN, C.
Address:	10661 W. ATLANTIC BOULEVARD
City-St-Zip:	CORAL SPRINGS, FL 33071 US

Title:	MGRM ( ) Delete
Name:	HEALIS REHABILITATIO, N CENTER, INC.
Address:	18001 OLD CUTLER ROAD #368
City-St-Zip:	PALMETTO BAY, FL 33157 US

ADDITIONS/CHANGES:

Title:	MGR (X) Change ( ) Addition
Name:	CALVAGNE, LESLIE
Address:	10661 W. ATLANTIC BOULEVARD
City-St-Zip:	CORAL SPRINGS, FL 33071 US

Title:	MGR (X) Change ( ) Addition
Name:	HEALIS REHABILITATIO, N CENTER, INC.
Address:	18001 OLD CUTLER ROAD #368
City-St-Zip:	PALMETTO BAY, FL 33157 US

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: LESLIE CALVAGNE   MGR   04/26/2007
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date