

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119967

FILED
Apr 07, 2008
Secretary of State

Entity Name: HEALTHQUEST CENTER LLC

Current Principal Place of Business:

27102 WINGED ELM DRIVE
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

27102 WINGED ELM DRIVE
WESLEY CHAPEL, FL 33544

Current Mailing Address:

27102 WINGED ELM DRIVE
WESLEY CHAPEL, FL 33543

New Mailing Address:

27102 WINGED ELM DRIVE
WESLEY CHAPEL, FL 33544

FEI Number: 22-3949227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: MERCHANT, STEVEN
Address: 27102 WINGED ELM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGR () Delete
Name: MERCHANT, MELISSA
Address: 27102 WINGED ELM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MERCHANT, STEVEN
Address: 27102 WINGED ELM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: MGR (X) Change () Addition
Name: MERCHANT, MELISSA
Address: 27102 WINGED ELM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

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: STEVEN D. MERCHANT

MGR

04/07/2008

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