

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000058879

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** HEALTHLINK MANAGEMENT LLC

**Current Principal Place of Business:**

120 CHILEAN AVE.  
PALM BEACH, FL 33480 US

**New Principal Place of Business:**

**Current Mailing Address:**

120 CHILEAN AVE.  
PALM BEACH, FL 33480 US

**New Mailing Address:**

**FEI Number:** 27-0435256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NISSEN, DIANNE M RN  
120 CHILEAN AVE  
PALM BEACH, FL 33480 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  
Name: NISSEN, DIANNE M RN  
Address: 120 CHILEAN AVE  
City-St-Zip: PALM BEACH, FL 33480

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: DIANNE NISSEN

MS.

02/16/2010

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