

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000023343

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** HEALTHY CHILDREN OF DELRAY, L.L.C.

**Current Principal Place of Business:**

% KALABASH, LLC  
8461 LAKE WORTH ROAD  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

% KALABASH, LLC  
8401 LAKE WORTH ROAD 223  
LAKE WORTH, FL 33467

**Current Mailing Address:**

% KALABASH, LLC  
8461 LAKE WORTH ROAD  
LAKE WORTH, FL 33467

**New Mailing Address:**

% KALABASH, LLC  
8401 LAKE WORTH ROAD 223  
LAKE WORTH, FL 33467

**FEI Number:** 27-5179729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CANNAVAN, JACQUELINE E  
JACQUELINE E. CANNAVAN, PA  
3440 HOLLYWOOD BLVD., SUITE 415  
HOLLYWOOD, FL 33021 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: KALABASH, LLC  
Address: 8401 LAKE WORTH ROAD 223  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR  
Name: BLAKERY-BEDRAN, MELINDA F  
Address: 8401 LAKE WORTH ROAD 223  
City-St-Zip: LAKE WORTH, FL 33467

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: MFB

CEO

01/05/2012

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