

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000142062

**Entity Name:** THE PEAKS OF HEALTH, LLC

**Current Principal Place of Business:**

1120 S BELCHER ROAD  
SUITE 2  
LARGO, FL 33771

**Current Mailing Address:**

1120 S BELCHER ROAD  
SUITE 2  
LARGO, FL 33771 US

**FEI Number:** 45-4127090

**Certificate of Status Desired:** No

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

BASKIN, HAMDEN HIII  
13577 FEATHER SOUND DRIVE  
SUITE 550  
CLEARWATER, FL 33762 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

**Authorized Person(s) Detail :**

Title MGRM  
Name LEONHARDT, TRACIE JD.O.  
Address 7600 BRYAN DAIRY ROAD, SUITE D  
City-State-Zip: LARGO FL 33777

Title AUTHORIZED MEMBER  
Name BEASLEY, MITCHEL L  
Address 7600 BRYAN DAIRY ROAD  
SUITE D  
City-State-Zip: LARGO FL 33777

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TRACIE LEONHARDT

MGRM

01/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date