

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004760

**FILED
Apr 30, 2009
Secretary of State**

Entity Name: NATIONWIDE HEALTH NETWORK, LLC

Current Principal Place of Business:

13499 BISCAYNE BLVD.
EXECUTIVE TOWER, STE. 4
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

13499 BISCAYNE BLVD.
EXECUTIVE TOWER, STE. 4
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 02-0552981 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAW OFFICE OF ARNOLD M PRESTON
13499 BISCAYNE BLVD.
EXECUTIVE TOWER, STE. 4
NORTH MIAMI, FL 33181 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: PRESTON, JOHANY
Address: 2253 KEYSTONE BLVD
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGR () Delete
Name: TERRY, JOSE
Address: 2253 KEYSTONE BLVD
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSE TERRY MGR 04/30/2009

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