2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L03000017756

1. Entity Name AGIRA PMG, LLC



FILED Jan 13, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1689 FORUM PLACE

WEST PALM BEACH, FL 33401 US

1689 FORUM PLACE

WEST PALM BEACH, FL 33401

01102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1188311 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

954 612 094

6. Name and Address of Current Registered Agent

SARANITI, NICHOLAS 1689 FORUM PLACE WEST PALM BEACH, FL 33401

SIGNATURE:

DO NOT WRITE IN THIS SPACE

-10.05

8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATÉ
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAĞING MEMBERS/MANAĞERS		
IITLE	MGRM		
NAME	NS3 HEALTH, LLC		
STREET ADDRESS	1689 FORUM PLACE	İ	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000180226 01/13/05-80052-004 50.00
TITLE			
NAME		-	
STREET ADDRESS		1 20	NIOT WINTE
CITY+ST+ZIP		טע	NOT WRITE
TITLE		181 7	TUIC CDACE
NAME		I III	THIS SPACE
STREET ADDRESS		I I	
CITY-ST-ZIP		l	
		· · · · · · · · · · · · · · · · · · ·	
THE		l l	
NAME STREET ADDRESS		1	
CITY-ST-ZIP		ľ	
CH1-51-28			
IIIL			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.			