

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019904

FILED
Apr 14, 2009
Secretary of State

Entity Name: NATIONWIDE HEALTH, L.L.C.

Current Principal Place of Business:

1000 WEST MCNAB ROAD
STE. 215
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1000 WEST MCNAB ROAD
STE. 215
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 20-2418527 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MIERZWA & ASSOCIATES, P.A.
3900 WOODLAKE BLVD STE. 212
LAKE WORTH, FL 334633045 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: MATHERLY, RICHARD
Address: 707 SW MUNJACK CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGRM () Delete
Name: MATHERLY, DEBRA L
Address: 707 SW MUNJACK CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

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: RICHARD MATHERLY MGR 04/14/2009

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