

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154255

Entity Name: NATHAN HEALTH & CARE INC.

FILED  
Sep 14, 2006  
Secretary of State

**Current Principal Place of Business:**

10320 NW 20TH CT  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

10320 NW 20TH CT  
SUNRISE, FL 33322

**New Mailing Address:**

4815 HEATHE DRIVE  
TALLAHASSEE, FL 32309

FEI Number: 20-1875888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MICHAEL BERGMAN & COMPANY, LLC  
10320 NW 20TH CT  
SUNRISE, FL 33322 US

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

MICHAEL BERGMAN & COMPANY, LLC  
4815 HEATHE DRIVE  
TALLAHASSEE, FL 32309 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: OFER M BARGEV

09/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: NATHAN, MIRI  
Address: 4 OREN STREET  
City-St-Zip: RAMAT GAN, ISRAEL, NA 52655 IL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHAN MIRI

DIR

09/14/2006

Electronic Signature of Signing Officer or Director

Date