


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 APR 10 PM 12:37

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P97000093358		
1. Entity Name NAN II, INC.		
Principal Place of Business 12905 SW 42ND STREET SUITE 212 MIAMI, FL 33175 US		Mailing Address 12905 SW 42ND STREET SUITE 212 MIAMI, FL 33175 US
2. Principal Place of Business - No P.O. Box # 12905 SW 42nd Street		3. Mailing Address 12905 SW 42nd Street
Suite, Apt. #, etc. Suite 212		City & State Miami, FL
City & State Miami, FL		City & State Miami, FL
Zip 33175	Country USA	Zip 33175
Country USA		Country UDA
6. Name and Address of Current Registered Agent NATKOW, NEIL A 12905 SW 42ND STREET SUITE 212 MIAMI, FL 33175		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC NATKOW, NEIL A <input checked="" type="checkbox"/> Delete 13680 NW 5TH ST. STE 100 SUNRISE, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST COLLINS, KEITH <input type="checkbox"/> Delete 13680 NW 5TH ST. STE 100 SUNRISE, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Keith Collins</u> Keith Collins, M.D., President		Date _____ Daytime Phone # _____



03202007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3476364 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

000097293440
04/18/07--01005--018 **150.00