

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000093358

Entity Name: NAN II, INC.

Current Principal Place of Business:

5201 BLUE LAGOON DRIVE
MIAMI, FL 33126

Current Mailing Address:

5201 BLUE LAGOON DRIVE
MIAMI, FL 33126 US

FEI Number: 59-3476364

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEALTHEXCEL, LTD.
5201 BLUE LAGOON DRIVE
MIAMI, FL 33126 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DPST
Name COLLINS, KEITH MD
Address 5201 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

I hereby 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 all other like empowered.

SIGNATURE: KEITH COLLINS

CEO

01/08/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date