

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000024396**

1. Entity Name  
**NATIONSHEALTH HOLDINGS, L.L.C.**



Principal Place of Business  
**13650 N.W. 8TH STREET, SUITE 109  
SUNRISE, FL 33325**

Mailing Address  
**13650 N.W. 8TH STREET, SUITE 109  
SUNRISE, FL 33325**



01122007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4212117**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD, #221E  
PALM BEACH GARDENS, FL 33325**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATIONSHEALTH INC. 13650 NW 8TH STREET SUNRISE, FL 33325
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03/02/07-80005-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #

(954) 903-5000