

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # L02000024396

1. Entry 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**



01162008No Chg-LLC

CR2E083 (12/07)

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000807266
02/07/08-80002-003 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|---------------------|
| TITLE | MGRM |
| NAME | NATIONSHEALTH INC. |
| STREET ADDRESS | 13650 NW 8TH STREET |
| CITY - ST - ZIP | SUNRISE, FL 33325 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
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| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**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

1/16/08

Date

954-903-5000

Daytime Phone #