2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

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

Daytime Phone #

, . 	ANNUAL REPORT	, 	Jan 31, 2000 00:0
DOCU	MENT # L02000024396		Secretary of St
Entity Nar NATION:	ne SHEALTH HOLDINGS, L.L.C.		
'	A 1/10		
<u> </u>	12 Buch S. B. Santa	60 m	
	ne of Business Mailing Address 8TH.STREET, SUITE 109: 13650 N.W. 8TH STREET,	CUITE 100	1
SUNRISE, FL	8TH.STREET; SUITE 109 : 13650 N.W. 8TH STREET, SUNRISE, FL 33325	20115 109	
	Control of the second of the s		() (SENIO) EN ETHE BEN END BENG BENG END OF HER BICEF HAT AND BREEK HE DEL
Malifel			
			1 10311011 DIX 00110 11011 00111 00111 00110 11011 11011 01010 11110 11110 II 11100 II 11100 II 11001
			01162008No Chg-LLC CR2E083 (12/07)
		AGE	4. FEI Number Applied For
10		in a malina	13-4212117 Not Applicable
	and the same of the same and the same and the same and		5. Certificate of Status Desired
	6. Name and Address of Current Registered Agent		STATE OF THE PROPERTY OF THE P
CORPOR	ATE CREATIONS NETWORK INC.		
11380 PROSPERITY FARMS ROAD, #221E			TOO NON MEANIER THE
PALM BE	ACH GARDENS, FL 33325	ATT OF THE PARTY OF THE	TINTHIS SPACE
	•	Carriother in the	
O The about		31.5. 13.08	Transfer to the second of the
the obliga	e named entity submits this statement for the purpose of changing its regitions of registered agent.	STOPO OTICE OF POSISTERS	ad agent, or both, in the State of Florida. I am familiar with and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable (NOTE, Reg	islered Agent signature required v	when reinstating) DATE
file	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		<u> </u>
After Ma	y 1, 2008 Fee will be \$538.75		02/07/08-80002-003 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME	MGRM NATIONSHEALTH INC.		
STREET ADDRESS	13650 NW 8TH STREET	d periode	of part of any 2' six in the adopted by the second
CITY-ST-ZIP	SUNRISE, FL 33325	10. 11. 11.	
TITLE		Property of the	The state of the s
NAME STREET ADDRESS			the state of the same of the s
CITY-ST-ZIP		rate of a law	
TITLE		the company of	
NAME		and the open to an artist to	the form of the tenth for his property of the property of the first of
STREET ADDRESS CITY-ST-ZIP		The property	DO NORWANIE
TITLE			inisting gava=
NAME		Salata Sala	
STREET ADDRESS		14.00	The supplement of the suppleme
CITY-SI-ZIP			the contribution of the second second position and the second second second second second second second second
TITLE NAME			
STREET ADDRESS		and the mode of the	the state of the s
CITY-SI-ZIP		to a three days	What is the first problem in the state of th
TITLE	A		to provide the state of the sta
NAME STREET ADDRESS	1	especial at	
CITY-ST-ZIP			in the first of the state of th
11 berebu	18 A	190	
indiant	certify that the info rmation supplied with this filing does not qualify for the on this report is the and accurate and that my signature shall have the	e exemptions contained	in Chapter 119, Florida Statutes. I further certify that the information