


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90057 009 ****50.00

DOCUMENT # L02000027758	
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1. Entity Name

NATION MEDICAL SERVICES, LLC

Principal Place of Business 7301 A PALMETTO PARK ROAD, STE. 100 C BOCA RATON FL 33433	Mailing Address 7301 A PALMETTO PARK ROAD, STE. 100 C BOCA RATON FL 33433
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2. Principal Place of Business 7700 CONGRESS AVE.	3. Mailing Address 7700 CONGRESS AVE.
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MOORE CR2E083 (11/03)

Suite, Apt. #, etc. SUITE 3108	Suite, Apt. #, etc. SUITE 3108
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City & State BOCA RATON FL	City & State BOCA RATON FL
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Zip 33487	Country USA	Zip 33487	Country USA
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4. FEI Number 06-1652844	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

ZYLBERBERG, CLAUDIA
7301 A PALMETTO PARK ROAD, STE. 100 C
BOCA RATON FL 33433

7. Name and Address of New Registered Agent
Name CLAUDIA ZYLBERBERG
Street Address (P.O. Box Number is Not Acceptable)
7700 CONGRESS AVE
SUITE 3108
City BOCA RATON FL Zip Code 33487

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZYLBERBERG, CLAUDIA MGRM 7301A WEST PALMETTO PARK RD., SUITE 100C BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7700 CONGRESS AVE., STE 3108 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR SONIA I. SUAREZ 7700 CONGRESS AVE. STE 3108 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/22/04 (561) 987-9390
Date Daytime Phone #