# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L02000027758**

1. Entity Name
NATION MEDICAL SERVICES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 7700 CONGRESS AVE. SUITE 2106 BOCA RATON, FL 33487 | 7700 CONGRESS AVE. SUITE 2106 BOCA RATON, FL 33487 |

## DO NOT WRITE IN THIS SPACE

01152007 No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 06-1652844 | Not Applicable |

5. Certificate of Status Desired  ☐  **$5.00** Additional Fee Required

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

ZYLBERBERG, CLAUDIA
7700 CONGRESS AVE.
SUITE 2106
BOCA RATON, FL 33487

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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 | MGRM |
| NAME | ZYLBERBERG, CLAUDIA  MGRM |
| STREET ADDRESS | 7700 CONGRESS AVE., SUITE 2106 |
| CITY-ST-ZIP | BOCA RATON, FL 33487 |
| TITLE | MGR |
| NAME | SUAREZ, SONIA I |
| STREET ADDRESS | 7700 CONGRESS AVE., SUITE 2106 |
| CITY-ST-ZIP | BOCA RATON, FL 33487 |
| TITLE | MGR |
| NAME | SMUKLER, ROBERT |
| STREET ADDRESS | 7700 CONGRESS AVE., SUITE 2106 |
| CITY-ST-ZIP | BOCA RATON, FL 33487 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: _____     01|16|07     561-929-3655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE     Date     Daytime Phone #