2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027860

Entity Name: NATIONSHEALTH SUPPLY, L.L.C.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13650 NW 8TH ST, STE 109 SUNRISE, FL 33325

Current Mailing Address: New Mailing Address:

13650 NW 8TH ST, STE 109 SUNRISE, FL 33325

FEI Number: 13-4216686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GREGG, ROBERT 13650 NW 8TH ST, STE 109 SUNRISE, FL 33325

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 GREGG, ROBERT
 Name:

 Address:
 13650 NW 8TH ST, STE 109
 Address:

 City-St-Zip:
 SUNRISE, FL 33325
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 PARKER, GLENN M M.D
 Name:

 Address:
 13650 NW 8TH ST, STE 109
 Address:

 City-St-Zip:
 SUNRISE, FL 33325
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 STONE, LEWIS P
 Name:

 Address:
 13650 NW 8TH ST, STE 109
 Address:

 City-St-Zip:
 SUNRISE, FL 33325
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT GREGG MGRM 04/30/2004