

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027860

FILED
Apr 28, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 13-4216686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH, FL 33410 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGRM (X) Delete
Name: GREGG, ROBERT
Address: 13650 NW 8TH ST, STE 109
City-St-Zip: SUNRISE, FL 33325

Title: MGRM () Delete
Name: PARKER, GLENN M M.D
Address: 13650 NW 8TH ST, STE 109
City-St-Zip: SUNRISE, FL 33325

Title: MGRM () Delete
Name: STONE, LEWIS P
Address: 13650 NW 8TH ST, STE 109
City-St-Zip: SUNRISE, FL 33325

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GLENN M PARKER

MGRM

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date