2007 LIMITED·LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041104

1. Entity Name
NAZARETH HOLDINGS, LLC

Principal Place of Business	Mailing Address
401 S. INDIAN RIVER DR, STE. A FORT PIERCE, FL 34950	356 NW ALICE AVE STUART, FL 34994

DO NOT WRITE IN THIS SPACE

01232007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-0342505	Not Applicable

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

6. Name and Address of Current Registered Agent

FEE, FRANK K III ESQ
401 S. INDIAN RIVER DR, STE. A
FORT PIERCE, FL 34950

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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	MGR
NAME	MARJIEH, ZIAD M.D.
STREET ADDRESS	2100 NEBRASKA AVE, STE 105
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	MGRM
NAME	HEM-ONC PROPERTIES, LL
STREET ADDRESS	1801 SE HILLMOOR DR STE B101
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
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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02/26/07-80004-003 50.00

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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: _____ ZIAD MARJIEH, MANAGER _____ 02/05/07   772-528-3735

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