2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L04000031483

Entity Name: NU HEALTH SERVICES CONSULTATION LLC

Current Principal Place of Business:

5222 NW 110 AV.
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

5222 NW 110 AV.
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ULIN, L. SCOTT
5222 NW 110 AV.
CORAL SPRINGS, FL 33076 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/MEMBERS:

Title: MGR ( ) Delete
Name: NELSON, JOE A
Address: 934 NORTH UNIVERSITY DR. #225
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM ( ) Delete
Name: ULIN, L. SCOTT
Address: 5222 NW 110 AV.
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NELSON, JOE A
Address: 934 NORTH UNIVERSITY DR. #228
City-St-Zip: CORAL SPRINGS, FL 33071

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 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: JOE A. NELSON MGR 04/27/2005

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