2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L04000081451

Entity Name: NHAN NGHIA MEDICAL ENTERPRISE, L.L.C.

Current Principal Place of Business:

2901 PARKWAY BLVD, SUITE B-2
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

2901 PARKWAY BLVD, SUITE B-2
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: 20-3231562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PANICO, JAMES P
111 S. MAITLAND AVE STE. 100
MAITLAND, FL 32751 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 ( ) Delete
Name: PHAM, NATHAN DR
Address: 322 E. CENTRAL BLVD., SUITE 1402
City-St-Zip: ORLANDO, FL 32801

Title: MGRM ( ) Delete
Name: DO, NEIL DR
Address: 8979 EASTERLING DRIVE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

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 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: NGHIA DO MNGR 04/29/2009

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