

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081667

FILED
Apr 07, 2005
Secretary of State

Entity Name: NATHAN HEALTH & CARE LLC

Current Principal Place of Business:

8270 CLEARY BLVD
VILLA 2701
PLANTATION, FL 33324 US

New Principal Place of Business:

10320 NW 20TH CT
SUNRISE, FL 33322 US

Current Mailing Address:

8270 CLEARY BLVD
VILLA 2701
PLANTATION, FL 33324 US

New Mailing Address:

10320 NW 20TH CT
SUNRISE, FL 33322 US

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

Name and Address of Current Registered Agent:

BARGEV, OFER M
8270 CLEARY BLVD
VILLA 2701
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

BARGEV, OFER M
10320 NW 20TH CT
SUNRISE, FL 33322 US

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: OFER BARGEV

04/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NATHAN, ZVIKA
Address: 4 OREN STREET
City-St-Zip: RAMAT GAN, ISRAEL, NA 52653 IL

ADDITIONS/CHANGES:

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: NATHAN ZVIKA

MGRM

04/07/2005

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