

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073217

FILED
May 22, 2007
Secretary of State

Entity Name: NORTH BAY HEALTH ASSOCIATES LLC

Current Principal Place of Business:

7410 BEACHVIEW DRIVE
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

3701 PINE TREE DR
MIAMI BEACH, FL 33140

Current Mailing Address:

7410 BEACHVIEW DRIVE
NORTH BAY VILLAGE, FL 33141

New Mailing Address:

3701 PINE TREE DR
MIAMI BEACH, FL 33140

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOGOMILSKY, TZVI
7410 BEACHVIEW DRIVE
NORTH BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

BOGOMILSKY, TZVI
3701 PINE TREE DR
MIAMI BEACH, FL 33140 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: TZVI BOGOMILSKY

05/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOGOMILSKY, TZVI
Address: 7410 BEACHVIEW DRIVE
City-St-Zip: NORTH BAY VILLAGE, FL 33141

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOGOMILSKY, TZVI
Address: 3701 PINE TREE DR
City-St-Zip: MIAMI BEACH, FL 33140

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: TZVI BOGOMILSKY

MGRM

05/22/2007

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