

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092307

Entity Name: NS3 RX - MIAMI, L.L.C.

FILED  
Apr 19, 2006  
Secretary of State

**Current Principal Place of Business:**

1689 FORUM PLACE  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

1801 CORAL WAY  
SUITE 115  
MIAMI, FL 33145

**Current Mailing Address:**

1689 FORUM PLACE  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 20-3531603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COEL, MARK A ESQ.  
1900 GLADES ROAD  
SUITE 350  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

SARANITI, NICHOLAS  
1689 FORUM PLACE  
WEST PALM BEACH, FL 33401 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: NICHOLAS SARANITI

04/19/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGMR ( ) Change (X) Addition  
Name: NS3 HEALTH, LLC,  
Address: 1689 FORUM PLACE  
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the 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: NICHOLAS SARANITI

MGMR

04/19/2006

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