2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L06000012781

Entity Name: NATIONAL HEALTHCARE AGENTS GROUP, LLC.

Current Principal Place of Business:

3736 FALCON RIDGE CIRCLE
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

3736 FALCON RIDGE CIRCLE
WESTON, FL 33331

New Mailing Address:

FEI Number: 20-4949786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GRAZIANO, SALVATORE J
3736 FALCON RIDGE CIRCLE
WESTON, FL 33331 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: GRAZIANO, JEANENE M
Address: 3736 FALCON RIDGE CIRCLE
City-St-Zip: WESTON, FL 33331

Title: MGRM ( ) Delete
Name: GRAZIANO, SALVATORE J
Address: 3736 FALCON RIDGE CIRCLE
City-St-Zip: WESTON, FL 33331

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: SALVATORE J. GRAZIANO MGRM 04/08/2009

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