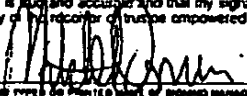


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

02-08-2007 90143 036 ****55.00

DOCUMENT # L08000102403			
1. Entity Name NATIONAL HEALTH RESOURCE, LLC			
Principal Place of Business 1922 S. OCEAN LANE, #16 FT. LAUDERDALE FL 33316		Mailing Address 1922 S. OCEAN LANE, #16 FT. LAUDERDALE FL 33316	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEIN Number 51-0607499		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent DOMIN, MITCHELL 1922 S. OCEAN LANE, #16 FT. LAUDERDALE FL 33316		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ (Signature typed or printed name of Registered Agent and the 1 agent must) (NOTE: Registered Agent signature is required only if applicable)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete MITCHELL DOMIN 1922 SOUTH OCEAN LN #16 FT. LAUDERDALE, FL 33316 <i>Present</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 a partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		1-28-07	
SEALS MUST BE PLACED ON THE FRONT OF THE REPORT		DATE	

30004055



1st MOORE CR2E083 (10/06)