

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121760

Entity Name: NATIONAL HEALTH SOLUTIONS LLC

FILED
Feb 05, 2007
Secretary of State

Current Principal Place of Business:

1801 S FEDERAL HWY
300
DELRAY BEACH, FL 33483 US

Current Mailing Address:

1801 S FEDERAL HWY
300
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

4699 N FEDERAL HWY
201
POMPANO BEACH, FL 33064 US

New Mailing Address:

4699 N FEDERAL HWY
201
POMPANO BEACH, FL 33064 US

FEI Number: 20-8089229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHERRY, ERIC
1801 S FEDERAL HWY
300
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

CONRAD, ROBERT
4699 N FEDERAL HWY
201
POMPANO BEACH, FL 33064 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: ROBERT CONRAD

02/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHERRY, ERIC
Address: 1801 S FEDERAL HWY, #300
City-St-Zip: DELRAY BEACH, FL 33483 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CONRAD, ROBERT
Address: 4699 N FEDERAL HWY, #201
City-St-Zip: POMPANO BEACH, FL 33064 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: ROBERT CONRAD

MGR

02/05/2007

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