2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# L07000101476

Entity Name: NATIONAL ASSISTANCE MEDICAL SERVICES, LLC.

Current Principal Place of Business:

2807 CRANBERRY CIRCLE
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2023
MIDDLEBURG, FL 32050 US

New Mailing Address:

PO BOX 1120
MIDDLEBURG, FL 32050 US

FEI Number: 20-8657359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

MAKRANSKY, NANCY A
2807 CRANBERRY CIRCLE
MIDDLEBURG, FL 32068 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: MAKRANSKY, NANCY
Address: PO BOX 2023
City-St-Zip: MIDDLEBURG, FL 32050 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MAKRANSKY, NANCY
Address: PO BOX 1120
City-St-Zip: MIDDLEBURG, FL 32050 US

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: NANCY A. MAKRANSKY PRES 05/06/2008

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