

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101476

FILED
Feb 16, 2010
Secretary of State

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 1120
MIDDLEBURG, FL 32050 US

New Mailing Address:

FEI Number: 20-8657359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
Name: MAKRANSKY, NANCY
Address: PO BOX 1120
City-St-Zip: MIDDLEBURG, FL 32050 US

I hereby 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

MGRM

02/16/2010

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