

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000054404

FILED
Mar 26, 2012
Secretary of State

Entity Name: NIRVANA HOME HEALTH CARE, L.L.C.

Current Principal Place of Business:

1400 HAND AVE., UNIT F
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

1400 HAND AVENUE
SUITE H
ORMOND BEACH, FL 32174 US

Current Mailing Address:

1400 HAND AVE., UNIT F
ORMOND BEACH, FL 32174 US

New Mailing Address:

1400 HAND AVENUE
SUITE H
ORMOND BEACH, FL 32174 US

FEI Number: 27-2612384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANNON, ROCHELLE
1400 HAND AVENUE
UNIT F
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

PHYSICIANS RESOURCE LLC
200 E GRANADA BLVD
SUITE 304
ORMOND BEACH, FL 32176 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: PHYSICIANS RESOURCE LLC

03/26/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SHAMSIN, AHMAD M.D.
Address: 1400 HAND AVENUE, SUITE H
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR
Name: OBEID, DANY M.D.
Address: 1400 HAND AVENUE, SUITE H
City-St-Zip: ORMOND BEACH, FL 32174 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: AHMAD SHAMSIN, M.D.

MGR

03/26/2012

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