


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000005498

1. Entity Name
NHS MANAGEMENT, L.L.C.



Principal Place of Business 931 FAIRFAX PARK TUSCALOOSA, AL 35406	Mailing Address 931 FAIRFAX PARK TUSCALOOSA, AL 35406
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DO NOT WRITE IN THIS SPACE



01312008No Chg-LLC CR2E083 (12/07)

4. FEI Number 02-0646132	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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 title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BSTES, J. NORMAN 931 FAIRFAX PARK TUSCALOOSA, AL 35406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, CLAUDE E 931 FAIRFAX PARK TUSCALOOSA, AL 35406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELMORE, DEBORAH A 931 FAIRFAX PARK TUSCALOOSA, AL 35406
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 02/12/08-80080-011-143-75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Jessie M. Reddick* 1/31/08 205-343-7324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/Time Phone #