

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001717

FILED
Apr 17, 2009
Secretary of State

Entity Name: BAMBOO HEALTH SERVICES, LLC

Current Principal Place of Business:

4500 BOWLING BLVD., SUITE 200
LOUISVILLE, KY 40207

New Principal Place of Business:

4850 T-REX AVE
#300
BOCA RATON, FL 33431

Current Mailing Address:

4500 BOWLING BLVD., SUITE 200
LOUISVILLE, KY 40207

New Mailing Address:

C/O NATIONAL HEALING CORPORATION
4850 T-REX AVE, #300
BOCA RATON, FL 33431

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MEDICAL MULTIPLEX, INC.
Address: 4500 BOWLING BLVD., SUITE 200
City-St-Zip: LOUISVILLE, KY 40207

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEDICAL MULTIPLEX, INC.
Address: 4850 T-REX AVE., #300
City-St-Zip: BOCA RATON, FL 33431

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: RODGER HOCHMAN, ESQ.

SECY

04/17/2009

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