

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000001717

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Entity Name:** BAMBOO HEALTH SERVICES, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

HOCHMAN, RODGER L ESQUIRE  
4850 T-REX AVE  
SUITE #300  
BOCA RATON, FL 33431 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: RODGER HOCHMAN

02/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: RODGER HOCHMAN, ESQ.

SECY

02/12/2010

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