

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



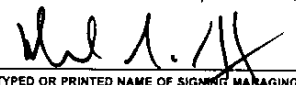
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10112007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M06000005761					
1. Entity Name NATIONAL HEALTH RESOURCES, LLC					
Principal Place of Business 2200 NW CORPORATE BLVD., SUITE 300 BOCA RATON, FL 33431			Mailing Address 2200 NW CORPORATE BLVD., SUITE 300 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # 1515 N. FEDERAL HWY Suite, Apt. #, etc. SUITE 300		3. Mailing Address PO Box 810372 Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-4242089	
Zip 33432		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33432		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAFT, DAVID 2200 NW CORPORATE BLVD., SUITE 300 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1515 N. FEDERAL HWY SUITE 300 City FL Zip Code 33432		
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  Signature, typed or printed name of registered agent and title if applicable		David S. Saft Pres (NOTE: Registered Agent signature required when reinstating)		10/11/7 DATE	
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAFT, DAVID S 2200 NW CORPORATE BLVD., SUITE 306 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1515 N. FEDERAL HWY SUITE 300 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			David S. Saft 10/11/7 561-926-8182		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

MEMORANDUM

TO: **Melinda Lilliston**
Department of State
Division of Corporations

FROM: David Saft
National Health Resources, LLC

DATE: October 11, 2007

RE: Annual Report & Fees

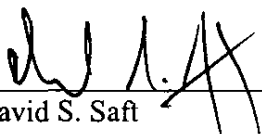
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Unfortunately due to several errors our company missed filing some reports and paying necessary fees.

Apparently a check that was returned unpaid was opened by an employee and the employee never informed me of the problem. Therefore the check was never reissued and mailed back to you.

Additionally our offices relocated and mail that was supposed to go to us was never forwarded to our new address. Here again we failed to keep our records with the state current.

I apologize for any inconvenience this may have caused and thank you for your assistance in helping us resolve these issues.


David S. Saft