

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154255

Entity Name: NATHAN HEALTH & CARE INC.

FILED
May 17, 2007
Secretary of State

Current Principal Place of Business:

10320 NW 20TH CT
SUNRISE, FL 33322

New Principal Place of Business:

4815 HEATHE DRIVE
TALLAHASSEE, FL 32309

Current Mailing Address:

4815 HEATHE DRIVE
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 20-1875888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL BERGMAN & COMPANY, LLC
4815 HEATHE DRIVE
TALLAHASSEE, FL 32309 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: NATHAN, MIRI
Address: 4 OREN STREET
City-St-Zip: RAMAT GAN, ISRAEL, NA 52655 IL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRI NATHAN

DIR

05/17/2007

Electronic Signature of Signing Officer or Director

Date