

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019881

FILED
Jan 10, 2011
Secretary of State

Entity Name: NURSING PLUS OF BROWARD, LLC

Current Principal Place of Business:

3600 S. STATE ROAD 7
SUITE 36
MIRAMAR, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

3600 S. STATE ROAD 7
SUITE 36
MIRAMAR, FL 33023 US

New Mailing Address:

FEI Number: 20-8486448 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

QUITERIO, SHERRIE
3600 S. STATE ROAD 7
SUITE 36
MIRAMAR, FL 33023 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
Name: QUITERIO, SHERRIE
Address: 3600 S. STATE ROAD 7, SUITE 36
City-St-Zip: MIRAMAR, FL 33023 US

Title: MGRM
Name: QUITERIO, WALTER
Address: 3305 EAST ISLAND ROAD
City-St-Zip: COOPER CITY, FL 33026 US

Title: MGRM
Name: COLBY, JONATHAN
Address: 1548 QUAYSIDE TERRACE
City-St-Zip: MIAMI, FL 33138 US

Title: MGRM
Name: SILVERS, KIMBERLY
Address: 3108 NORTHEAST 210 TERRACE
City-St-Zip: AVENTURA, FL 33180 US

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: SHERRIE QUITERIO

MGMR

01/10/2011

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