

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000187708

**Entity Name:** NURSE MARY ON CALL, LLC

**Current Principal Place of Business:**

10101 W SAMPLE RD  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

10101 W SAMPLE RD  
CORAL SPRINGS, FL 33065

**FEI Number:** 36-4801467

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

REGIER, JAROLD W  
17461 NW 12TH ST  
PEMBROKE PINES, FL 33029 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER, PRESIDENT,  
ADMINISTRATOR  
Name REGIER, MARY C.  
Address 17461 NW 12TH ST  
City-State-Zip: PEMBROKE PINES FL 33029

Title MEMBER, VP  
Name O'RIORDAN, CYNTHIA D.  
Address 7005 NW 43RD STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title MEMBER  
Name BAZILUS, BRIAN J.  
Address 1698 WEST ROYAL TERN LANE  
City-State-Zip: FORT PIERCE FL 34982

Title VP, & CHIEF OPERATING OFFICER  
Name O'RIORDAN, KEVIN  
Address 7005 NW 43RD STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title VP, SECRETARY, & TREASURER  
Name REGIER, JAROLD W.  
Address 17461 NW 12TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAROLD W. REGIER

**VP, SECRETARY &  
TREASURER**

**03/06/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date