

2015 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 GENERAL MANAGER
Name O'RIORDAN, KEVIN
Address 7005 NW 43RD STREET
City-State-Zip: CORAL SPRINGS FL 33065

Title 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

SECRETARY/TREASURER 06/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date