

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

Title SECRETARY, TREASURER
Name REGIER, JAROLD W.
Address 17461 NW 12TH STREET
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 GENERAL MANAGER
Name O'RIORDAN, KEVIN
Address 7005 NW 43RD STREET
City-State-Zip: CORAL SPRINGS FL 33065

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