2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2016
Secretary of State
CC6794530174

DOCUMENT# L15000067948

Entity Name: TOUCH MEDICAL NURSING SERVICES LLC

Current Principal Place of Business:

3000 GULF TO BAY BOULEVARD, SUITE 218
CLEARWATER, FL 33759

Current Mailing Address:

3000 GULF TO BAY BOULEVARD, SUITE 218
CLEARWATER, FL 33759 US

FEI Number: 47-3878566

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHAIBLE, JOSEF
3073 BRANCH DR
CLEARWATER, FL 33760 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	MGR
Name	BOSWELL, WILLIAM
Address	24 COUNTRY CLUB DR.
City-State-Zip:	LARGO FL 33771

Title	MGR
Name	CANTRELL, CHIP
Address	10245 SIEGEN LANE SUITE D
City-State-Zip:	BATON ROUGE LA 70810

Title	MGR
Name	PEARSON, EDWARD
Address	10245 SIEGEN LANE SUITE D
City-State-Zip:	BATON ROUGE LA 70810

Title	MGR
Name	FISHER, NANCY
Address	10245 SIEGEN LANE, SUITE D
City-State-Zip:	BATON ROUGE LA 70810

Title	MGR
Name	SCHAIBLE, JOSEF
Address	10245 SIEGEN LANE
City-State-Zip:	BATON ROUGE LA 70810

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: WILLIAM BOSWELL OWNER 03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date