

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012317

FILED
Apr 24, 2009
Secretary of State

Entity Name: NURSEFINDERS OF PENSACOLA, LLC

Current Principal Place of Business:

5498 NORTH DAVIS HWY.
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

9120 MIDLOTHIAN TURNPIKE
RICHMOND, VA 23235

New Mailing Address:

FEI Number: 52-2332046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 323011283 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: MGR () Delete
Name: KRAUSE, BRYAN D
Address: 9120 MIDLOTHIAN TNPK
City-St-Zip: RICHMOND, VA 23235

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRYAN D KRAUSE

MGR

04/24/2009

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