

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000012317

**FILED**  
**Feb 22, 2010**  
**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  
Name: KRAUSE, BRYAN D  
Address: 9120 MIDLOTHIAN TNPK  
City-St-Zip: RICHMOND, VA 23235

I hereby 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: BYRAN D. KRAUSE

MGR

02/22/2010

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