

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012873

Entity Name: FIRSTNURSE OF MIAMI, LLC

FILED
Mar 22, 2004
Secretary of State

Current Principal Place of Business:

11900 BISCAYNE BLVD
SUITE 268
MIAMI, FL 33181 US

New Principal Place of Business:

5100 NW 33RD AVE
SUITE 143
FT LAUDERDALE, FL 33309 US

Current Mailing Address:

5601 CORPORATE WAY
SUITE 204
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 65-1126620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, MICHAEL S
3801 PGA BLVD.
SUITE 802
PALM BEACH GARDENS, FL 33410 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/MEMBERS:

Title: MGRM () Delete
Name: VILLABLANCA, JAIME
Address: 5601 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM () Delete
Name: HOPSON, ROBERT JR
Address: 5100 NW 33RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM () Delete
Name: HOLTER, ARTHUR S
Address: 5601 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES:

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

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

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 Section 119.07(3)(i), 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: JAIME G. VILLABLANCA

MGRM

03/22/2004

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