2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005
Secretary of State

DOCUMENT# L01000012873

Entity Name: FIRSTNURSE OF MIAMI, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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 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 VILLABLANCA CEO 03/24/2005

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