**FILED** May 30, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000016786 05-06-2002 90189 021 \*\*\*\*50 00 NURSESSTAT LLC Principal Place of Business Mailing Address 00040 2425 EAST COMMERCIAL BLVD 2425 EAST COMMERCIAL BLVD SUITE 200 SUITE 200 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65/14/8008 Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOODE, JOSHUA M Street Address (P.O. Box Number is Not Acceptable) 2425 EAST COMMERCIAL BLVD SUITE 200 FORT LAUDERDALE FL 33308 City Zip Code 8. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ппε MGR ☐ Delete TITLE NAME Change ☐ Addition NURSESSTAT, INC. <u>8</u> NAME STREET ADDRESS 2425 EAST COMMERCIAL BLVD STREET ADDRESS CR2E083 CITY-ST-ZIF FORT LAUDERDALE FL 33308 CITY-ST-ZIP TITLE VIEGO, BEINH VICE Pecs Dejete TITI F □ Change NAME ☐ Addition 8485 East Commercial Blis Suite 200 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ft. Lavocronle, FI 33308 CITY-ST-ZIP Decsioent Oefete TITLE ☐ Change NAME ■ Addition GOODE, JOSH 2425 E. Commercial Blue Lauderdale, FI 33308 NAME STREET ADDRESS STREET ADORESS O4as E Suite 200 CITY-ST-ZIP Ff. Lauderdale CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP UDE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 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 of ristee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

CONSTURE AND TYPED OR PURITED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE