2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L02000007746

Entity Name: CARE-CO NURSING SERVICES LLC

Current Principal Place of Business:

3800 INVERRARY BOULEVARD
SUITE 100-O
FT. LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

3800 INVERRARY BOULEVARD
SUITE 100-O
FT. LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 02-0579052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARKE, HEATHER
3800 INVERRARY BOULEVARD
SUITE 100-O
FT. LAUDERDALE, FL 33319 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:	MGRM	( ) Delete
Name:	CLARKE, PAUL M SECRETA	
Address:	3800 INVERRARY BOULEVARD, SUITE 100-O	
City-St-Zip:	FORT LAUDERDALE, FL 33319	
Title:	MGRM	( ) Delete
Name:	MCCLYMONT, MARTICA R PRESIDE	
Address:	3800 INVERRARY BOULEVARD, SUITE 100-O	
City-St-Zip:	FORT LAUDERDALE, FL 33319	
Title:	MGRM	( ) Delete
Name:	MCCLYMONT, ERIC B VICE PR	
Address:	3800 INVERRARY BOULEVARD, SUITE 100-O	
City-St-Zip:	FORT LAUDERDALE, FL 33319	
Title:	MGRM	( ) Delete
Name:	CLARKE, HEATHER B FINANCI	
Address:	3800 INVERRARY BOULEVARD, SUITE 100-O	
City-St-Zip:	FORT LAUDERDALE, FL 33319	

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:	
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: HEATHER CLARKE MGRM 04/30/2007

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