

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007746

FILED
Apr 28, 2009
Secretary of State

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 (X)

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-CLARKE, HEATHER B 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 TREASUR
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 MCCLYMONT-CLARKE

MRS

04/28/2009

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