

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007746

FILED
Apr 30, 2011
Secretary of State

Entity Name: CARE-CO NURSING SERVICES LLC

Current Principal Place of Business:

3810 INVERRARY BOULEVARD
SUITE 102-B
FT. LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

3810 INVERRARY BOULEVARD
SUITE 102-B
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
3810 INVERRARY BOULEVARD
SUITE 102-B
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
Name: CLARKE, PAUL M SECRETA
Address: 3810 INVERRARY BOULEVARD, SUITE 102-B
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: MGRM
Name: MCCLYMONT-CLARKE, HEATHER B PRESIDE
Address: 3810 INVERRARY BOULEVARD, SUITE 102-B
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: MGRM
Name: CLARKE, HEATHER B TREASUR
Address: 3810 INVERRARY BOULEVARD, SUITE 102-B
City-St-Zip: FORT LAUDERDALE, FL 33319

I hereby 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

04/30/2011

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