

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016643

Entity Name: NURSES PRN, LLC

FILED  
Apr 26, 2005  
Secretary of State

**Current Principal Place of Business:**

2260 PALM BEACH LAKES BOULEVARD  
SUITE 200  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

2260 PALM BEACH LAKES BOULEVARD  
SUITE 200  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

FEI Number: 76-0702259      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURPHY, ROBERT P  
2260 PALM BEACH LAKES BOULEVARD  
SUITE 200  
WEST PALM BEACH, FL 33409 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: MGR      ( ) Delete  
Name: MURPHY, ROBERT P  
Address: 2260 PALM BEACH LAKES BOULEVARD, SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33409 US

**ADDITIONS/CHANGES:**

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: ROBERT MURPHY      MGR      04/26/2005

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