

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-02-2003 90579 020 ****50.00

DOCUMENT # L02000029888

1. Entity Name

NURSING ON CALL, LLC



Principal Place of Business

9369 NORTH CITRUS SPRINGS BLVD.
CITRUS SPRINGS FL 34434

Mailing Address

9369 NORTH CITRUS SPRINGS BLVD.
CITRUS SPRINGS FL 34434

44003282



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1733

Suite, Apt. #, etc.

FL

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

INVERNESS

4. FEI Number

61-1430909

Applied For

Not Applicable

Zip

Country

Zip

34431

Country

FLORIDA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEO JAMES SNYDER

9369 NORTH CITRUS SPRINGS BLVD.
CITRUS SPRINGS FL 34434

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	manager	<input type="checkbox"/> Delete
NAME	leo snyder	
STREET ADDRESS	9369 north citrus springs blvd	
CITY-ST-ZIP	citrus springs FL 34434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

Douglas E. Fournier 4/30/03 (352) 732-5601

CR2E083 (10/02)