


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2005 MAY -3 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000034775 1. Entity Name FI-BROWARD NURSING, LLC					
Principal Place of Business 100 2ND AVE S, STE 901 SOUTH ST. PETERSBURG, FL 33701			Mailing Address 100 2ND AVE S, STE 901 SOUTH ST. PETERSBURG, FL 33701		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 32-0051409	
Applied For		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Not Applicable		03172005 Chg-LLC CR2E083 (10/03)			
Zip		Country		6. Name and Address of Current Registered Agent SPECTOR GADON & ROSEN, LLP 360 CENTRAL AVENUE, SUITE 1550 ST. PETERSBURG, FL 33701	
Zip		Country		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADONNA, HARRY D ESQ		NAME	Madonna, Harry Dillon	
STREET ADDRESS	P.O. BOX 10867		STREET ADDRESS	c/o SG&R	
CITY-ST-ZIP	ST PETERSBURG, FL 337330867		CITY-ST-ZIP	P.O. Box 10867 St. Petersburg, FL 33733-0867	
TITLE		<input type="checkbox"/> Delete	TITLE	Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Gallaher, Rhonda	
STREET ADDRESS			STREET ADDRESS	109 Antes Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Grampian, PA 16838	
TITLE		<input type="checkbox"/> Delete	TITLE	Managers	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Wyatt, Dee	
STREET ADDRESS			STREET ADDRESS	724 North Governors Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Dover, DE 19904-7238	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Harry Madonna</i>			Date: <i>4/25/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

000055377410
05/25/05--01063--001