

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90041 043 \*\*\*\*50.00

20054606



01042006No Chg-LLC CR2E083 (11/05)

4. FEI Number 32-0051409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**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

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

SPECTOR GADON & ROSEN, LLP  
360 CENTRAL AVENUE, SUITE 1550  
ST. PETERSBURG, FL 33701

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONNA, HARRY DILLON P.O. BOX 10867 ST PETERSBURG, FL 337330867
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLAHER, RHONDA 109 ANTES LANE GRAMPIAN, PA 16838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WYATT, DEE 724 N. GOVERNORS AVENUE DOVER, DE 199047238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

4/10/06

Date

Daytime Phone # \_\_\_\_\_