

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 16 AM 10:43



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
401 EAST SAMPLE ROAD

3. Mailing Address



Suite, Apt. #, etc.

05032006 Chg-LLC CR2E083 (11/05)

City & State
POMPANO, FL

4. FEI Number
32-0051409

Applied For
 Not Applicable

Zip
33064

Country
BROWARD

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
SPECTOR GADON & ROSEN, LLP
360 CENTRAL AVENUE, SUITE 1550
ST. PETERSBURG, FL 33701

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Amended AR is \$50.00

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONNA, HARRY DILLON <input type="checkbox"/> Delete P.O. BOX 10867 ST PETERSBURG, FL 337330867
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLAHER, RHONDA <input type="checkbox"/> Delete 109 ANTES LANE GRAMPIAN, PA 16838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WYATT, DEE <input type="checkbox"/> Delete 724 N. GOVERNORS AVENUE DOVER, DE 199047238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MADONNA, HARRY DILLON 360 CENTRAL AVE., STE 1550 ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ADMINISTRATOR 401 EAST SAMPLE ROAD POMPANO, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR OF NURSING 401 EAST SAMPLE ROAD POMPANO, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600076499696 06/23/06--01038--012 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Harry Madonna* **HARRY DILLON MADONNA** 5/9/06 727-824-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #