


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90316 038 ***138.75

DOCUMENT # L02000034775 1. Entity Name FI-BROWARD NURSING, LLC					
Principal Place of Business 401 EAST SAMPLE ROAD POMPANO BEACH, FL 33064 US			Mailing Address 401 EAST SAMPLE ROAD POMPANO BEACH, FL 33064 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <i>46 100 Second Ave. S.</i> Suite, Apt. #, etc. <i>Suite #901 South</i>			
City & State		City & State <i>St. Petersburg, FL</i>		03212008 Chg-LLC CR2E083 (12/06)	
Zip <i>33701</i>	Country <i>US</i>	4. FEI Number 32-0051409	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="text-align: right;">FL Zip Code</div>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME MADONNA, HARRY DILLON		<input type="checkbox"/> Delete		
STREET ADDRESS 360 CENTRAL AVE STE 1550	CITY-ST-ZIP ST PETERSBURG, FL 33701		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE MGR	NAME ADMINISTRATOR		<input type="checkbox"/> Delete		
STREET ADDRESS 401 EAST SAMPLE ROAD	CITY-ST-ZIP POMPANO BEACH, FL 33064		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE MGR	NAME DIRECTOR OF NURSING		<input type="checkbox"/> Delete		
STREET ADDRESS 401 EAST SAMPLE RD	CITY-ST-ZIP POMPANO BEACH, FL 33064		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE MGR	NAME DIRECTOR OF NURSING		<input type="checkbox"/> Delete		
STREET ADDRESS 401 EAST SAMPLE RD	CITY-ST-ZIP POMPANO BEACH, FL 33064		<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: <i>Harry Dillon Madonna</i> HARRY DILLON MADONNA 4/2/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					