LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State
04-28-2003 91268 001 ***950.00

4/28

DOCUMENT # L02000034775 1. Entity Name FI-BROWARD NURSING, LLC	
DO NOTAWRITENN THIS SPACE	-` ₩
2. Principal Place of Business 100 2nd Ave. S. 100 2nd Ave. S.	₹v
Suite, Apt. #, etc. 90 South City & State City & State A FEI Number	Applied For
St. Peters burg F1 St. Peters burg FL 32-0051409 Zip Country Zip Country Zip Country 33701 USH 33701 USH St. Certificate of Status Desired Fee Regular Status Desired Fee Regular Status Desired Country St. Peters burg FL 32-0051409	Not Applicable
DO NOTEWRITE Page Address of Current Registered Agent Senior Heath Management clothat Senior Heath Management Senior Heath	wyatt
Sulfe 901 south St. Petershung FL [295]	3701
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 the obligations of registered agent. SIGNATURE SIGNATURE STATES AND IN THE COUNTY AND SIGNATURE STATES	and accept
(teaks) Credit Payabel (O'Flairle) Department of Seath	
MANAGING MEMBERS/MANAGERS TITLE MANAGE CONTOL A. TECHOP SIRET ADDRESS 785 5th AVC. GIT-ST-Zip Chambers buck PA 1720/	E
TITLE HAAR STRET ADDRESS CITY-S1-QP CITISTORY	CRZE
TITLE NAME STREET ADDRESS CITY-SI-ZP DO NOT WRITE	_
TITLE HAME STREET ADDRESS CITY-ST-21P CITY-ST-21P	
TITLE HAME STREET ADDRESS CITY-ST-IP CITY-ST-IP	
TITLE NAME STREET ADDRESS GITY-ST-ZP GITY-ST-ZP	
11. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report is true and accurate after that managing member or manager of the timited liability company or the receiver or trustee impowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: (470) A. TSChop 4/14/03 ENGINATURE AND TYPES ON PRINTED NAME OF SIGNING PLANSORN INCREMENT, HARMAGER, OR AUTHORIZED REPRESENTATIVE COMP.	