

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000024507

**FILED**  
**Mar 22, 2006**  
**Secretary of State**

**Entity Name:** DIVERSIFIED NURSING CONSULTING SERVICES LLC.

**Current Principal Place of Business:**

7880 SONOMA SPRINGS CIRCLE #105  
105  
LAKEWORTH, FL 33463

**New Principal Place of Business:**

10303 OAK MEADOW LANE  
LAKEWORTH, FL 33467

**Current Mailing Address:**

7880 SONOMA SPRINGS CIRCLE  
105  
LAKEWORTH, FL 33463

**New Mailing Address:**

10303 OAK MAEDOW LANE  
LAKEWORTH, FL 33467

**FEI Number:** 83-0364008      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GERMINAL, GARRY  
7880 SONOMA SPRINGS CIRCLE  
105  
LAKEWORTH, FL 33463 US

**Name and Address of New Registered Agent:**

GERMINAL, GARRY  
10303 OAK MEADOW LANE  
LAKEWORTH, FL 33467 US

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.

SIGNATURE: GARRY GREMINAL

03/22/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GERMINAL, GARRY  
Address: 7880 SONOMA SPRINGS CIRCLE #105  
City-St-Zip: LAKEWORTH, FL 33463

Title: MGR ( ) Delete  
Name: GERMINAL, JEANNE L  
Address: 7880 SONOMA SPRINGS CIRCLE # 105  
City-St-Zip: LAKEWORTH, FL 33463

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GERMINAL, GARRY  
Address: 10303 OAK MEADOW LANE  
City-St-Zip: LAKEWORTH, FL 33467

Title: MGR (X) Change ( ) Addition  
Name: GERMINAL, JEANNE L  
Address: 10303 OAK MEADOW LANE  
City-St-Zip: LAKEWORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARRY GERMINAL

RN

03/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date