

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025070

FILED
Jul 04, 2006
Secretary of State

Entity Name: LEGACY NURSING: INSTITUTE FOR NURSING CAREERS, LLC

Current Principal Place of Business:

602 4TH AVE W.
BUILDING III
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

602 4TH AVE W.
BUILDING III
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 86-1079976 **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:

Name and Address of New Registered Agent:

CHRISTIAN-SIMMONS, CATHY A MRS.
PO BOX 7302
SUN CITY, FL 33586 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHRISTIAN-SIMMONS, CATHY A MRS.
Address: 2801 METRO DRIVE
City-St-Zip: RUSKIN, FL 33570

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHRISTIAN-SIMMONS, CATHY A MRS.
Address: 2801 METRO DRIVE
City-St-Zip: RUSKIN, FL 33570

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: CATHY CHRISTIAN-SIMMONS

MGRM

07/04/2006

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