

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036533

FILED
Jul 10, 2004
Secretary of State

Entity Name: ACCESS NURSING, LLC

Current Principal Place of Business:

154 PRESERVE DRIVE
ROYAL PALM BEACH, FL 334111569 US

New Principal Place of Business:

Current Mailing Address:

154 PRESERVE DRIVE
ROYAL PALM BEACH, FL 334111569 US

New Mailing Address:

FEI Number: 20-0274393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: SANTIAGO, WILLIAM
Address: 154 PRESERVE DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 334111569 US

Title: MGRM () Delete
Name: SANTIAGO, IVETTE
Address: 154 PRESERVE DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 334111569 US

Title: MGRM () Delete
Name: LEWIN, CLEMENT G
Address: 2212 DITMAS AVENUE, APARTMNE 3D
City-St-Zip: BROOKLYN, NY 11226 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM SANTIAGO

MGRM

07/10/2004

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