

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042863

FILED
Jan 21, 2006
Secretary of State

Entity Name: AGN - ALLIED GLOBAL NURSING LLC

Current Principal Place of Business:

20533 BISCAYNE BLVD., BLDG. 4
STE. #391
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20533 BISCAYNE BLVD., BLDG. 4
STE. #391
AVENTURA, FL 33180

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, STEVEN MGR
21205 NE 37TH AVE
304
AVENTURA, FL 33180 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/MANAGERS:

Title: MGR () Delete
Name: LEVY, STEVEN
Address: 20533 BISCAYNE BLVD., BLDG. #4, STE. #391
City-St-Zip: AVENTURA, FL 33180

Title: MGR (X) Delete
Name: NEWLOVE, TONE MGR
Address: 20533 BISCAYNE BLVD., BLDG. #4, STE. #391
City-St-Zip: AVENTURA, FL 33180

Title: MGR (X) Delete
Name: LEVY, STEVEN MGR
Address: 20533 BISCAYNE BLVD., BLDG. #4, STE. #391
City-St-Zip: AVENTURA, FL 33180

Title: MGR (X) Delete
Name: NEWLOVE, TONE MGR
Address: 20533 BISCAYNE BLVD., BLDG. #4, STE. #391
City-St-Zip: AVENTURA, FL 33180

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:

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 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: STEVEN LEVY

MGR

01/21/2006

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