2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 28, 2005 8:00 am Secretary of State

DOCUMENT # L0400057616 1. Entity Name ADVANCE NURSING PROFESSIONALS LLC					02-28-2005 90045 047 ****55.00					
Principal Place of Business 29434 CROSSLAND DRIVE WESLEY CHAPEL, FL 33543		Mailing Address 29434 CROSSLAND DRIVE WESLEY CHAPEL, FL 33543			といりてのオ					
Principal Place of Business										
Suite, Apt. #, etc.		Suite, Apt. #, etc.							PD1 1881	
City & State		City & State			01122005 4. FEI Numbe	Chg-LLC	CR2E083		plied For	
Zip		,			4, 12,114,1100		- A-	No	Applicable	
Σιρ 	Country		Country				Fee	.00 Add		
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	egistered Age	nt		
ABAD-SANTOS, JOSEPH 29434 CROSSLAND DRIVE			Name Street A	Street Address (P.O. Box Number is Not Acceptable)						
WESLEY, CHAPEL, FL 33543							•			
			City	City FL Zip Code						
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, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filling Fee Is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State					
9.	MANAGING MEMBERS/MANAGERS 10			ADDITIONS/CHANGES						
TITLE	MGRM	☐ Delete	TITLE] Change	☐ Addition	
NAME STREET ADORESS	ABAD-SANTOS, JOSEPH NAM 29434 CROSSLAND DRIVE STR									
CITY-\$T-ZIP	WESLEY CHAPEL, FL 33543		CITY-ST-ZIP							
TITLE	MGRM	☐ Delete	TITLE	MGK	em .			Change	☐ Addition	
NAME STREET ADDRESS	SUSSAN, GEORGINA 7288 HAWKSNEST BLVD			SUSSAN, GEORGINA 1836 Forshey St. Metaine, LA 70001						
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	1820 Met	o rorsr Laine	LA 7060	1		_	
TITLE		☐ Defete	TITLE	116	RM	,] Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		Lowell					
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TITLE		☐ Delete	TITLE	11/1	RIU	•] Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	Sho	Win Fo	inh (Ch)				
CITY-ST-ZIP			CITY-ST-ZIP	Hou	Jeis in	ion cane	s, FL 3	3473	フ	
TITLE		☐ Delete	TITLE				•	Change	☐ Addition	
NAME STREET ADDRESS CITY-SI-ZIP	_		NAME STREET ADDRESS CITY-ST-ZIP			a management of the state of th				
TITLE		☐ Delete	TITLE					Спапде	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							

11. I hereby certify that the information supplied with this filing does not qualify 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 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.

and applicantus

D TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/9/2015 (813)3350235