2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2007
Secretary of State

DOCUMENT# L04000080461

Entity Name: NURSING HANDS, LLC

Current Principal Place of Business:

12877 SHIREWOOD LANE
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

12877 SHIREWOOD LANE
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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: MGRM ( ) Delete
Name: MOSER, ALINA
Address: 12877 SHIREWOOD LANE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GOMEZ, ALINA
Address: 12877 SHIREWOOD LANE
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify 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: ALINA GOMEZ PRES 07/07/2007

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