# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 19, 2011**
**Secretary of State**

DOCUMENT# L05000009144

**Entity Name:** MEDI-NURSE HELPING HANDS LLC

**Current Principal Place of Business:**

6175 NORTHWEST 167TH STREET
SUITE G-17
MIAMI, FL 33105

**New Principal Place of Business:**

**Current Mailing Address:**

6175 NORTHWEST 167TH STREET,
SUITE G-17
MIAMI, FL 33105

**New Mailing Address:**

**FEI Number: 20-2246739** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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
Name: FLORA, TERRY C
Address: 6175 NORTHWEST 167TH STREET, G-17
City-St-Zip: MIAMI, FL 33105

I hereby 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 Statues.

SIGNATURE: TERRY FLORA MGR 04/19/2011

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