

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019785

Entity Name: NURSEXTRA, LLC

FILED  
Apr 11, 2007  
Secretary of State

## Current Principal Place of Business:

354 NORTH HIGHLAND STREET  
MOUNT DORA, FL 32757

## New Principal Place of Business:

18500 US HIGHWAY 441  
MOUNT DORA, FL 32757

## Current Mailing Address:

P. O. BOX 1547  
MOUNT DORA, FL 32756

## New Mailing Address:

FEI Number: 20-2393380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HILL, KAY W  
354 NORTH HIGHLAND STREET  
MOUNT DORA, FL 32756 US

## Name and Address of New Registered Agent:

HILL, KAY W  
18500 US HIGHWAY 441  
MOUNT DORA, FL 32757 US

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: KAY W. HILL

04/11/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HILL, EUGENE G  
Address: 1206 OLD EUSTIS ROAD  
City-St-Zip: MOUNT DORA, FL 32757

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HILL, EUGENE G  
Address: 1206 OLD EUSTIS ROAD  
City-St-Zip: MOUNT DORA, FL 32757

Title: MGR ( ) Change (X) Addition  
Name: HILL, KAY W  
Address: 1206 OLD EUSTIS ROAD  
City-St-Zip: MOUNT DORA, FL 32757

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: EUGENE G. HILL

MGRM

04/11/2007

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