

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025807

FILED
May 01, 2008
Secretary of State

Entity Name: OPEN ARMS NURSING SERVICES LLC

Current Principal Place of Business:

5102 VICTORIA CIRCLE
WEST PALM BEACH, FL 33409

New Principal Place of Business:

2790 NORTH MILITARY TR.
#7
WEST PALM BEACH, FL 33409

Current Mailing Address:

P.O. BOX 223596
WEST PALM BEACH, FL 33422

New Mailing Address:

FEI Number: 20-2503269 FEI Number Applied For () FEI Number Not Applicable () 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:

MORINVIL, SHARON
5102 VICTORIA CIRCLE
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

MORINVIL, SHARON
3504 WEDGEWOOD PLAZE DR.
RIVERIA BEACH, FL 33404 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: _____

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORINVIL, SHARON
Address: 5102 VICTORIA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: ADM. () Delete
Name: SIMPSON, ANGENETTE
Address: 340 WEST 37TH STREET
City-St-Zip: RIVERIA BEACH, FL 33404

Title: HRS () Delete
Name: SIMSPON, EILEEN
Address: 3930 CIRCLELAKE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORINVIL, SHARON
Address: 3504 WEDGEWOOD PLAZE DR.
City-St-Zip: WEST PALM BEACH, FL 33404

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 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: SHARON MORINVIL

MGRM

05/01/2008

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