2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# L05000036393

Entity Name: NURSESRX HOME HEALTH, LLC

Current Principal Place of Business:

6490 WEST 20TH AVE.
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

6490 WEST 20TH AVE.
HIALEAH, FL 33016 US

New Mailing Address:

5851 HOLATEE TRAIL
SOUTHWEST RANCHES, FL 33330 US

FEI Number: 20-3269640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIGUEROA, LUIS R
6490 WEST 20TH AVE.
HIALEAH, FL 33016 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:	FIGUEROA, LUIS R	
Address:	6490 WEST 20TH AVE.	
City-St-Zip:	HIALEAH, FL 33016 US	
Title:	MGRM	( ) Delete
Name:	FIGUEROA, DENISE T	
Address:	6490 WEST 20TH AVE.	
City-St-Zip:	HIALEAH, FL 33016 US	
Title:	MGRM	( ) Delete
Name:	STRADER, LEE A	
Address:	6490 WEST 20TH AVE.	
City-St-Zip:	HIALEAH, FL 33016 US	
Title:	MGRM	( ) Delete
Name:	ARTAMENDI, HAYDEE L	
Address:	6490 WEST 20TH AVE.	
City-St-Zip:	HIALEAH, FL 33016 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: LUIS R. FIGUEROA MM 04/09/2008

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