

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036393

FILED
Jan 15, 2009
Secretary of State

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:

5851 HOLATEE TRAIL
SOUTHWEST RANCHES, FL 33330 US

New Mailing Address:

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:

FIGUEROA, LUIS R
5851 HOLATEE TRAIL
SOUTHWEST RANCHES, FL 33330 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:

01/15/2009

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: MGRM (X) Change () Addition
Name: FIGUEROA, LUIS R
Address: 5851 HOLATEE TRAIL
City-St-Zip: SOUTHWEST RANCHES, FL 33330 US

Title: MGRM (X) Change () Addition
Name: FIGUEROA, DENISE T
Address: 5851 HOLATEE TRAIL
City-St-Zip: SOUTHWEST RANCHES, FL 33330 US

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

MGRM

01/15/2009

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