2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# L05000095192

Entity Name: ALLIEDXTRA, LLC

Current Principal Place of Business:

354 NORTH HIGHLAND STREET
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

354 NORTH HIGHLAND STREET
MOUNT DORA, FL 32757

New Mailing Address:

P. O. BOX 1547
MOUNT DORA, FL 32756

FEI Number: 20-3528250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

CAMPIONE, DAVID M
600 JENNINGS AVE.
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

HILL, KAY W
354 NORTH HIGHLAND STREET
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 07/05/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: NURSEXTRA, LLC,
Address: 354 NORTH HIGHLAND STREET
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 MGR 07/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date