

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-09-2007 90032 045 \*\*\*\*\*50.00  
09-14-2007 90028 023 \*\*\*\*\*50.00  
L06000025074

FILED


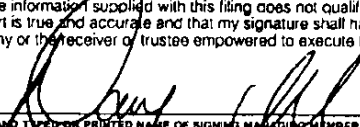
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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09062007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000025074</b>			
1. Entity Name <b>NURSING CONSULTING PRN LLC</b>			
Principal Place of Business <b>1501 SW 186 AVENUE PEMBROKE PINES, FL 33029</b>		Mailing Address <b>1501 SW 186 AVENUE PEMBROKE PINES, FL 33029</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 822896</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Pembroke Pines, FL</b>	
Zip	Country	Zip	Country <b>Broward</b>
33029		33029	
4. FEI Number <b>204522805</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RODRIGUEZ ARRITOLA, DANAY 1501 SW 186 AVENUE PEMBROKE PINES, FL 33029</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when renouncing) DATE</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ ARRITOLA, DANAY 1501 SW 186 AVENUE PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		Date: <b>9/10/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	