

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039285

FILED  
Jun 19, 2008  
Secretary of State

**Entity Name:** NURSE CONSULTING & MARKETING CONSORTIUM, LLC

**Current Principal Place of Business:**

15887 NW 4TH COURT  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

15887 NW 4TH COURT  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

FEI Number: 20-4875796      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:**

**Name and Address of New Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: THELUSMA, NOCLES  
Address: 15887 NW 4TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP ( ) Delete  
Name: LOFTON, YOLENE T  
Address: 15887 NW 4TH CT  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SEC ( ) Delete  
Name: LOFTON, JAMES W III  
Address: 15887 NW 4TH CT  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: LOFTON, YOLENE  
Address: 15887 NW 4TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP (X) Change ( ) Addition  
Name: LOFTON, JAMES W  
Address: 15887 NW 4TH CT  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SEC (X) Change ( ) Addition  
Name: LOFTON, CHRISTINA  
Address: 15887 NW 4TH CT  
City-St-Zip: PEMBROKE PINES, FL 33028

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: YOLENE LOFTON

PRES

06/19/2008

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