2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# L06000039285

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 ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: PRES ( ) Delete
Name: LOFTON, YOLENE
Address: 15887 NW 4TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028 US

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

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

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:

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 04/05/2009

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