2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L06000112450 03-07-2007 90217 009 ****50.00 1. Entity Name PAN WORLD NURSING SERVICES, LLC Principal Place of Business Mailing Address **კ**ეეება -1871 NORTHEAST 65TH COURT FORT LAUDERDALE FL 33308 1871 NORTHEAST 65TH COURT FORT LAUDERDALE FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/06) 1st MOORE City & State Applied For City & State 838 Not Applicable Country Ziα Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUMER, KATHRYN T Street Address (P.O. Box Number is Not Acceptable) 1871 NORTHEAST 65TH COURT FORT LAUDERDALE FL 33308 City 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 Signature, typed or chinted name of registered agent and life if applicable, INOTE Registered Agent signature required when reinsteking FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. UIU Delete mu ☐ Change ☐ Addition MGR NAM BRUMER, KATHRYN T NAME STREET ADORESS STREET ADORESS 1871 NORTHEAST 65TH COURT CITY-ST-78 CHY-SI-7IP FORT LAUDERDALE FL 33308 THEE! ☐ Delete TITLE ☐ Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CUY- \$1-71P THE ☐ Delete HILE ☐ Change Addition NAME. NAME STREET ADORESS SHIFT ADDRESS CITY-ST-7IP CHY-ST-709 mu Delete HIRA ☐ Addition NAM NAME STREET ADORESS STREET ADDRESS CHY-SI-7IP CHY SI-/P Defete ☐ Criange Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY SI-78 Addition SIZIE ☐ Defete THLE NAME SHIFT ADDRESS STREET ADDRESS CHY-SI-7P 11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. PRES 02-26-2007 TURE AND TWEED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 27, 2007 8:00 am

RS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN UT 84201-0023

ATTACHMENT

30003346

bla00112450

Date of this notice: 03-15-2007

Employer Identification Number:

Form: 5300

Number of this notice: CP 576 A

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

002371.316173.0008.001 1 MB 0.326 532

PAN WORLD NURSING SERVICES LLC KATHRYN T BRUMER SOLE MBR 1871 NE 65TH CT FT LAUDERDALE FL 33308

502:71

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

As we were processing your Form 5300 for tax period 122006, we found that your form didn't have a valid Employer Identification Number (EIN). Our records show that no EIN assigned to this business. Since an EIN is required by law, we assigned EIN 20-8084838 to this business. Please keep this notice for your records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Every taxpayer must figure taxable income on the basis of an annual accounting period, called a tax year. For trusts, your tax year generally must be a calendar year, unless you are a charitable trust or are exempt from tax under the law. For partnerships, your tax year must conform with either the tax year of the majority partners, the tax year of the principal owners, or a calendar year, in that order, unless you establish a business purpose for using a different tax year. A personal service corporation must use a calendar year as its tax year, unless you establish a business purpose for using a different tax year. For further information, see Publication 538, Accounting Periods and Methods, which is available at most IRS offices or from our Web site at www.irs.gov.

Please complete the Form SS-4, Application for Employer Identification Number, so we can complete our record of your account. Be sure to date the form and send it to us with the tear off stub from this notice. You can get Form SS-4, by calling 1--800--TAX--FORM (1-800-829-3676) or by downloading it from the IRS Web site at www.irs.gov.

If you already have an EIN for this business, please send a copy of the notice you received assigning you that EIN, along with the tear off stub from this notice, so we can update our records.

If you have questions, you can call or write to us at the phone number or address at the top of the first page of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.

002371

Keep this part for your records.

CP 576 A (Rev. 1~2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 576

0423927236

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 03-15-2007

EMPLOYER IDENTIFICATION NUMBER: 20-8084838
FORM: 5300 NOBOD

INTERNAL REVENUE SERVICE OGDEN UT 84201-0023 Halafafallanallladhaalafallallad PAN WORLD NURSING SERVICES LLC KATHRYN T BRUMER SOLE MBR 1871 NE 65TH CT FT LAUDERDALE FL 33308