


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-07-2007 90217 009 ****50.00

DOCUMENT # L06000112450	
1. Entity Name PAN WORLD NURSING SERVICES, LLC	

Principal Place of Business 1871 NORTHEAST 65TH COURT FORT LAUDERDALE FL 33308	Mailing Address 1871 NORTHEAST 65TH COURT FORT LAUDERDALE FL 33308
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 20-8084838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BRUMER, KATHRYN T 1871 NORTHEAST 65TH COURT FORT LAUDERDALE FL 33308
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 Signature, typed or printed name of registered agent and title if applicable.	DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BRUMER, KATHRYN T 1871 NORTHEAST 65TH COURT FORT LAUDERDALE FL 33308 <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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11. I hereby 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 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE	DATE 02-26-2007
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#L06000112450

302:71

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.

(IRS USE ONLY) 576A

03-15-2007 PANW 0 0423927236 5300

ATTACHMENT

3000 3346
#L06000112450



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