

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112601

FILED
Apr 24, 2007
Secretary of State

Entity Name: DOCTORS OF NURSING PRACTICE, LLC

Current Principal Place of Business:

1507 WILD IRIS LANE
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

PO BOX 7156
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 20-8015443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLIS, H. TIMOHTY
50 NORTH LAURA STREET, SUITE 2500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

D.G.O'DELL, INC.
1507 WILD IRIS LANE
ORANGE PARK, FL 32003 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: DAVID G. O'DELL

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES:

Title: D () Change (X) Addition

Name: D.G.O'DELL, INC.,

Address: 1507 WILD IRIS LANE

City-St-Zip: ORANGE PARK, FL 32003 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID G. O'DELL

D

04/24/2007

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