

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008003

FILED
Mar 22, 2008
Secretary of State

Entity Name: NURSE CONSULTANT, LLC

Current Principal Place of Business:

12211 NW 1ST. ST.
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

12211 NW 1ST. ST.
CORAL SPRINGS, FL 33071 US

New Mailing Address:

12211 NW 1ST. ST.
CORAL SPRINGS, FL 33071

FEI Number: 20-8309844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHWARTZ, MINDY
12211 NW 1ST. ST.
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

SCHWARTZ, MINDY G MGRM
12211 NW 1ST. ST.
CORAL SPRINGS, FL 33071 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: MINDY SCHWARTZ

03/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHWARTZ, MINDY
Address: 12211 NW 1ST. ST.
City-St-Zip: CORAL SPRINGS, FL 33071 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHWARTZ, MINDY G MGRM
Address: 12211 NW 1ST. ST.
City-St-Zip: CORAL SPRINGS, FL 33071 US

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: MINDY SCHWARTZ

MGRM

03/22/2008

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