

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047509

Entity Name: VOYAGE NURSING, LLC

FILED
Feb 08, 2008
Secretary of State

Current Principal Place of Business:

390 NORTH ORANGE AVENUE, SUITE 1500
C/O GARY D. LIPSON, ESQ.
ORLANDO, FL 32801

Current Mailing Address:

390 NORTH ORANGE AVENUE, SUITE 1500
C/O GARY D. LIPSON, ESQ.
ORLANDO, FL 32801

New Principal Place of Business:

1485 INTERNATIONAL PARKWAY
SUITE 2051
HEATHROW, FL 32746

New Mailing Address:

1485 INTERNATIONAL PARKWAY
SUITE 2051
HEATHROW, FL 32746

FEI Number: 26-0196495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSON, GARY D
390 NORTH ORANGE AVENUE, SUITE 1500
ORLANDO, FL 32801 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: CURLEY, NOAL
Address: 1485 INTERNATIONAL PARKWAY, SUITE 2051
City-St-Zip: HEATHROW, FL 32746

Title: MGR () Change (X) Addition
Name: LEWIS, MICHAEL E
Address: 1485 INTERNATIONAL PARKWAY, SUITE 2051
City-St-Zip: HEATHROW, FL 32746

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: NOAL CURLEY

MGR

02/08/2008

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