

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000048934

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** FLYING NURSES INTERNATIONAL LLC

**Current Principal Place of Business:**

55 SOLEE ROAD  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

138 PALM COAST PARKWAY, NE  
STE # 265  
PALM COAST, FL 32137 US

**New Mailing Address:**

**FEI Number:** 99-0341272      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BOSICH, AMY  
55 SOLEE ROAD  
PALM COAST, FL 32137 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:** MGR  
**Name:** BOSICH, AMY  
**Address:** 55 SOLEE ROAD  
**City-St-Zip:** PALM COAST, FL 32137 US

I hereby 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: AMY BOSICH

MGR

02/22/2010

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