

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065065

FILED
Apr 28, 2008
Secretary of State

Entity Name: JANK NURSING, LLC.

Current Principal Place of Business:

3200 W 78 STREET
HIALEAH, FL 33018

New Principal Place of Business:

19920 NW 9 DRIVE
PEMBROKE PINES, FL 33029

Current Mailing Address:

3200 W 78 STREET
HIALEAH, FL 33018

New Mailing Address:

19920 NW 9 DRIVE
PEMBROKE PINES, FL 33029

FEI Number: 26-0395327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, CARLOS
3200 W 78 STREET
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

GARCIA, CARLOS
19920 NW 9 DRIVE
PEMBROKE PINES, FL 33029 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: CARLOS GARCIA

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARCIA, CARLOS
Address: 3200 W 78 STREET
City-St-Zip: HIALEAH, FL 33018

Title: MGR () Delete
Name: MARTINEZ, NIURYS
Address: 3200 W 78 STREET
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARCIA, CARLOS
Address: 19920 NW 9 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR (X) Change () Addition
Name: MARTINEZ, NIURYS
Address: 19920 NW 9 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33029

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: CARLOS GARCIA

MGR

04/28/2008

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