2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071993

Entity Name: J & M NURSING CARESULTANTS L.L.C.

FILED Apr 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

740 CAMINO LAKES CIRCLE 740 CAMINO LAKES CIRCLE BOCA RATON, FLORIDA, BOCA RATON, FL 33486

Current Mailing Address: New Mailing Address:

740 CAMINO LAKES CIRCLE 740 CAMINO LAKES CIRCLE BOCA RATON, FLORIDA, 33486 BOCA RATON, FL 33486 US

FEI Number: 11-3817728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PAVLICK, JANET 740 CAMÍNO LAKES CIRCLE BOCA RATON, FL 33486

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

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

MGRM () Delete BIONDOLILLO, MONIQUE RN Name: Address: 2421 NE 35TH STREET

City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MGRM () Delete Name: PAVLICK, JANET RN Address: 740 CAMINO LAKES CIRCLE City-St-Zip: BOCA RATON, FL 33486

(X) Change () Addition BIONDOLILLO, MONIQUE RN Name: Address: 2421 NE 35TH STREET

City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

(X) Change () Addition Title: MGRM

Name: PAVLICK, JANET RN Address: 740 CAMINO LAKES CIRCLE City-St-Zip: BOCA RATON, FL 33486 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: MONIQUE BIONDOLLILO **MGRM** 04/27/2008