

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000102011

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** CMS-KATRA NURSING, LLC

**Current Principal Place of Business:**

1200 NW 78TH AVENUE,  
SUITE 403  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

1200 NW 78TH AVENUE,  
SUITE 403  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 26-1209540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MANNERS, JEFFREY P ESQ  
11120 N. KENDALL DRIVE, SUITE 200  
MIAMI, FL 33176 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: MGRM  
Name: CMS-KATRA HOLDING, INC.  
Address: 1200 NW 78TH AVENUE, SUITE 403  
City-St-Zip: MIAMI, FL 33126

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: PARTHA SANYAL

MGR

04/29/2010

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