

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114506

FILED
Jul 12, 2008
Secretary of State

Entity Name: MURRAY LEGAL NURSE CONSULTANTS PL

Current Principal Place of Business:

2945 ROCKFORD FALLS DRIVE NORTH
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

2945 ROCKFORD FALLS DRIVE NORTH
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
#347
PEMBROKE PINES, FL 33027 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 () Delete
Name: MURRAY, CAROLYN S
Address: 2945 ROCKFORD FALLS DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32224 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROLYN S. MURRAY PRES 07/12/2008

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