

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119402

FILED
Mar 09, 2008
Secretary of State

Entity Name: LMSMITH NURSING SERVICES LLC

Current Principal Place of Business:

520 SAN LUIZ AVE.
CLEWISTON, FL 33440 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2051
CLEWISTON, FL 33440 FL

New Mailing Address:

FEI Number: 26-1492642 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, LISA M
520 SAN LUIZ AVE.
CLEWISTON, FL 33440 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 () Delete
Name: SMITH, LISA M
Address: 520 SAN LUIZ AVE.
City-St-Zip: CLEWISTON, FL 33440 US

Title: MGRM () Delete
Name: SMITH, TOBE JR.
Address: 520 SAN LUIZ AVE.
City-St-Zip: CLEWISTON, FL 33440 US

ADDITIONS/CHANGES:

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

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: LISA M SMITH

MGR

03/09/2008

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