

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007966

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** PREMIUM CARE NURSING SERVICES L.L.C.

**Current Principal Place of Business:**

251 N.W. 39 AVE.  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

251 N.W. 39 AVE.  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 61-1551871      **FEI Number Applied For ( )**      **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:**

HERNANDEZ, RACIEL  
251 N.W. 39 AVE.  
MIAMI, FL 33126    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: HERNANDEZ, RACIEL  
Address: 251 N.W. 39 AVE.  
City-St-Zip: MIAMI, FL 33126

**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: RACIEL HERNANDEZ

MGRM

05/04/2009

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