

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018956

FILED
Apr 29, 2009
Secretary of State

Entity Name: NURSE CONCIERGE SERVICES, LLC

Current Principal Place of Business:

6513 14TH STREET WEST, SUITE 125
BRADENTON, FL 34207 US

New Principal Place of Business:

6513 14TH STREET WEST, SUITE 103
BRADENTON, FL 34207 US

Current Mailing Address:

6513 14TH STREET WEST, SUITE 125
BRADENTON, FL 34207 US

New Mailing Address:

6513 14TH STREET WEST, SUITE 103
BRADENTON, FL 34207 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, LORI L
7527 REGENTS GARDEN WAY
APOLLO BEACH, FL 33572 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: SALMONS, MELISSA M
Address: 224 TARPON AVE
City-St-Zip: SARASOTA, FL 34237 US

Title: MGRM () Delete
Name: BARNES, LORI L
Address: 7527 REGENTS GARDEN WAY
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: MGRM () Delete
Name: BREWER, CHASITY
Address: 825 MYRTLE AVE
City-St-Zip: VENICE, FL 34285 US

Title: MGRM () Delete
Name: SALMONS, VICTORIA
Address: 3310 GUSTAVE PLACE
City-St-Zip: SARASOTA, FL 34234 US

Title: MGRM () Delete
Name: WOOD, JACLYN
Address: 7529 GLENALLEN BLVD
City-St-Zip: NORTH PORT, FL 34287 US

ADDITIONS/CHANGES:

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

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

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

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: LORI BARNES RN

VP

04/29/2009

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