

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000047143

**FILED**  
**Jan 27, 2009**  
**Secretary of State**

**Entity Name:** GETSEMANI NURSING SERVICES, LLC

**Current Principal Place of Business:**

11351 SW 63RD TERR  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

11351 SW 63RD TERR  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 80-0185172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOYLE, ALLAN  
175 FONTAINEBLEAU BLVD, STE 1-B  
MIAMI, FL 33172 US

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

DOYLE, ALLAN  
175 FONTAINEBLEAU BLVD  
STE 1-B  
MIAMI, FL 33172 US

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:

01/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LOBAINA LANZA, LIDIA R  
Address: 11351 SW 63RD TERR  
City-St-Zip: MIAMI, FL 33173

**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: LIDIA LOBAINA LANZA

MGR

01/27/2009

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