

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000054890

Entity Name: NURSES ON TIME, LLC

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9145 SW 40 STREET  
SUITE 1-B  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

9145 SW 40 STREET  
SUITE 1-B  
MIAMI, FL 33165

**New Mailing Address:**

FEI Number: 26-2730912

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MORALES VASALLO, FELIPE A  
9145 SW 40 STREET  
SUITE 1-B  
MIAMI, FL 33165 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  
Name: MORALES VASALLO, FELIPE A  
Address: 9145 SW 40 STREET STE 1-B  
City-St-Zip: MIAMI, FL 33165

I hereby 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: FELIPE A. MORALES

MGR

01/11/2011

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