

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Aug 13, 2009  
Secretary of State**

DOCUMENT# L08000071997

Entity Name: DUNANT NURSE REGISTRY, LLC

**Current Principal Place of Business:**

2020 NE 163RD STREET, STE 300  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

12750 NW 1 AVENUE  
NORTH MIAMI, FL 33168

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      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:**

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

VILLARSON, FRANTZ  
12750 NW 1 AVENUE  
NORTH MIAMI, FL 33168    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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGR                      ( ) Delete  
Name:                      VILLARSON, FRANTZ  
Address:                      12750 NW 1 AVENUE  
City-St-Zip:                      NORTH MIAMI, FL 33168

**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: FRANTZ VILLARSON

MGR

08/13/2009

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