

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072243

FILED
Mar 19, 2009
Secretary of State

Entity Name: TOTAL CARE NURSING SERVICES, LLC

Current Principal Place of Business:

7 KYLE WAY
BOYNTON BEACH,, FL 33426

New Principal Place of Business:

Current Mailing Address:

7 KYLE WAY
BOYNTON BEACH,, FL 33426

New Mailing Address:

FEI Number: 26-3062101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD, SANON
2875 SW 2ND STREET
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

RICHARD, SANON
7 KYLE WAY
BOYNTON BEACH, FL 33026 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: RICHARD SANON

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOREUS, BENNETTE
Address: 140 SW PEACOCK BLVD #106
City-St-Zip: PORT ST.LUCIE, FL 34986

Title: MGRM () Delete
Name: SANON, RICHARD A
Address: 2875 SW 2ND STREET
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

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: BENNETT DOREUS

MGR

03/19/2009

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