2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# L08000081646

Entity Name: LEGAL NURSE AUTHORITY, LLC

Current Principal Place of Business:

759 SOUTH FEDERAL HWY.
SUITE 309
STUART, FL 34994

New Principal Place of Business:

2149 SW OLYMPIC CLUB TERRACE
PALM CITY, FL 34990

Current Mailing Address:

759 SOUTH FEDERAL HWY.
SUITE 309
STUART, FL 34994

New Mailing Address:

2149 SW OLYMPIC CLUB TERRACE
PALM CITY, FL 34990

FEI Number: 26-3283030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAZI, RYAN S ESQ.
217 EAST OCEAN BLVD
STUART, FL 34994 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: MGRM ( ) Delete
Name: POPE, KIMBERLY T
Address: 759 SOUTH FEDERAL HWY.
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: POPE, KIMBERLY T
Address: 2149 SW OLYMPIC CLUB TERRACE.
City-St-Zip: PALM CITY, FL 34990

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: KIMBERLY TURNER POPE MM 02/18/2009

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