

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095044

Entity Name: NURSE ON WHEELS LLC

FILED  
Apr 24, 2009  
Secretary of State

**Current Principal Place of Business:**

7601 EAST TREASURE DR.  
421  
NORTH BAY VILLAGE, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

7601 EAST TREASURE DR.  
421  
NORTH BAY VILLAGE, FL 33141

**New Mailing Address:**

FEI Number: 26-3435733      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ZIMMERMAN, RICHARD J  
7601 EAST TREASURE DR.  
421  
NORTH BAY VILLAGE, FL 33141 US

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

TRIGIANI, MARIANA L  
7601 EAST TREASURE DR.  
421  
NORTH BAY VILLAGE, FL 33141 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: MARIANA L TRIGIANI

04/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: TRIGIANI, MARIANA L  
Address: 7601 EAST TREASURE DR. SUITE 421  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

**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: MARIANA L TRIGIANI

MGR

04/24/2009

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