

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000007625

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** "DISHON" THE ARTS IN FINE NURSING LLC

**Current Principal Place of Business:**

4409 KEY LARGO DRIVE  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

10908 CAMPUS HEIGHTS LANE  
JACKSONVILLE, FL 32218 US

**Current Mailing Address:**

PO BOX 2979  
JACKSONVILLE, FL 32203 US

**New Mailing Address:**

10908 CAMPUS HEIGHTS LANE  
JACKSONVILLE, FL 32218 US

**FEI Number:** 30-0679476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEPHENS, TRACY D  
4409 KEY LARGO DRIVE  
JACKSONVILLE, FL 32218 US

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

STEPHENS, TRACY D  
10908 CAMPUS HEIGHTS LANE  
JACKSONVILLE, FL 32218 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:

04/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: STEPHENS, TRACY D  
Address: 10908 CAMPUS HEIGHTS LANE  
City-St-Zip: JACKSONVILLE, FL 32218 US

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: TRACY STEPHENS

CEO

04/19/2011

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