

L10000052209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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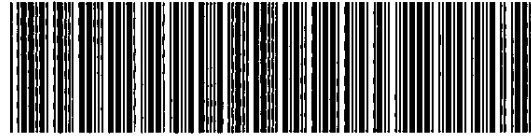
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 20 AM 7:59

T. HAMPTON
OCT 21 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nurse Care Rx, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dominique Cumins

Name of Person

Nurse Care Rx, LLC

Firm/Company

1560 Sawgrass Corporate Parkway, Ste 461

Address

Sunrise, FL 33323

City/State and Zip Code

r.cole@nursecarerx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Cole

Name of Person

at (954)

331-3256

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 OCT 20 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 11, 2010

DONINIQUE CUMINS
1560 SAWGRASS CORPORATE PKWY
STE 461
SUNRISE, FL 33323

SUBJECT: NURSE CARE, RX, L.L.C.
Ref. Number: L10000052209

We have received your document for NURSE CARE, RX, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 210A00024017

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Nurse Care Rx, LLC

2. (a) Principal office address of limited liability company: 15701 SW 51 Manor

☒ (Note: **MUST BE STREET ADDRESS**) SW Ranches, FL 33331

(b) Mailing address of limited liability company: 15701 SW 51 Manor

☒ (Note: **MAY BE POST OFFICE BOX**) SW Ranches, FL 33331

05/13/10 3. Date of filing/registration in Florida L10000052209 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Dominique Cumins

Registered Office Address: 15701 SOUTHWEST 51ST MANOR
SOUTHWEST RANCHES, FL 33331

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: _____

NEW Registered Office Address: 1560 Sawgrass Corporate Parkway,
(MUST BE FLORIDA STREET ADDRESS) Ste 461
Sunrise, FL 33323

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Dominique Cumins
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
STATE
SECRETARY OF CORPORATIONS
MAY 20 AM 7:59