

2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 26 PM 2:17

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L99000000161**

I.V. PLUS NURSING, L.C.
2317 OKEECHOBEE ROAD
FORT PIERCE FL 34950

1a. Principal Place of Business Address

2317 OKEECHOBEE ROAD
FORT PIERCE FL 34950

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12/14/1998

FL

4. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

JACKSON, KENNETH
2317 OKEECHOBEE ROAD
FORT PIERCE FL 34950

Name

Street Address (P.O. Box Number is Not Acceptable)

2301 Okeechobee Rd
Suite, Apt. #, etc.

City

Ft. Pierce

Zip Code

FL 34950

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

SIANO, DOMINIC

2301 Okeechobee Rd.
~~2023 MIMOSA AVENUE~~

FORT PIERCE FL

100002946731-2
-03/02/99--01006--003
****588.75 ****588.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #