

2000 UNIFORM BUSINESS REPORT (UBR)

0014897 AF

DOCUMENT # L99000000161

1. Entity Name
I.V. PLUS NURSING, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 14 AM 10:02

Principal Place of Business
2317 OKEECHOBEE ROAD
FORT PIERCE FL 34950

Mailing Address
2317 OKEECHOBEE ROAD
FORT PIERCE FL 34950-6554



2. Principal Place of Business
2405 Okeechobee Rd
Suite, Apt. #, etc.

3. Mailing Address
2405 Okeechobee Rd
Suite, Apt. #, etc.

City & State
Fort Pierce, FL

City & State
Fort Pierce FL

Zip
34950

Country
St. Lucia

Zip
34950

Country
St. Lucia

DO NOT WRITE IN THIS SPACE
65-0905761

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
JACKSON, KENNETH
2301 OKEECHOBEE ROAD
FORT PIERCE FL 34950

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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 *[Signature]* DATE 9-10-00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	SIANO, DOMINIC	2301 OKEECHOBEE ROAD	FORT PIERCE FL 34950	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I 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 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.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DATE 9-10-00 DAYTIME PHONE # 561-460-0050

CR2E083 (9/99)