2000 UNIFORM	BUSINESS	REPORT	(UBR
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DOCU	MENT # L99000	000161				en en				887
1. Entity Name I.V. PLUS NURSING, L.C.			ומ	FILED SECRETARY OF ST VISION OF CORPORA	ATE ATIONS			₽		
						0 SEP 14 AM 10		7		
Principal Plac	e of Business	Mailing Address			'	JU SEP 14 AITIO	^			
2317 OKEECH		2317 OKEECHOBEE ROAD FORT PIERCE FL 34950-65	54	•		~	4/			
7 OTT TIEROE	7 4 0 1000		•				i ng min	iki <b>sala</b> k it <b>a</b> i		
2. Principal P	lace of Business	3. Mailing Address		1	-					
240 Suite, Apt.	5 OKeechobuld	2405 1Kee Suite, Apt. #, etc.	cho	burd	-	DO NOT WRIT	E IN THIS S	PACE		
		21.00			4. FEI 1	5-0905 T	ela		plied For	٦
For t	Pierce, Fl 1	ort Pierce	F	<u> </u>	4. FEI	APPLIED FC	rr /	No	t Applicable	1
349	50 St luie	34950	Cour J./	· lui -		ificate of Status Desired	F	55.00 Add ee Required		
	6. Name and Address of Current Re	gistered Agent		Name	7. Nam	e and Address of New Re	gistered A	gent		1
	, Kenneth			Street Address (P.O. Box Number is Not Acceptable)						1
	ECHOBEE ROAD RCE FL 34950								<u></u>	-
TOTAL TIE	10E 1 E 01000	•		City			FL	Zip Code	3	-
8. The above	name on antity submits this statement for the	ne purpose of changing its r	egistere	Led office or registe	ered agent,	or both, in the State of Flor	ida.	- <b>I</b>		
SIGNATURE .	Henro					5	-10-6	ь	o	
	Signature, typed or printed name of registered agent and			d Agent signature require	2	ing)	DATE			-
		FILE NO Make Check Pay		FEE IS \$50.00 o Department (					•	
9.	MANAGING MEMBER		10.	<del></del>		. ADDITIONS/G	CHANGES			-
TITLE	MGR	☐ Delete	TITL		•			Change	Addition	(66/6
NAME STREET ADDRESS	SIANO, DOMINIC 2301 OKEECHOBEE ROAD			EET ADDRESS						CR2E083 (9/99)
CITY-ST-ZIP	FORT PIERCE FL 34950		CITY	- 8T- ZIP	<del> </del>			☐ Change	AddItion	CR2E
NAME			MAM	ET ADDRESS		8000033	993	- 318-	1	
STREET ADDRESS CITY- ST- ZIP	-			- 81- ZIP		-09/20/ 	0001 <del>0.00</del>	0580 *****5	07 <del>0.00 —</del>	
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STREET ADDRESS CITY-ST-ZIP	'			ET ADDRESS - ST-ZIP				**	-	
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MAME STREET ADDRESS			NAM STRE	EET AODRESS						
CITY- ST-ZIP			CITY	- ST- ZIP				Change	Addition	}
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STREET ADDRESS. CITY-ST-ZIP	,			ET ADDRESS - ST-ZIP						
TITLE		☐ Delete	TITLI	<b>.</b>				Change	Addition	
STREET ADDRESS			STRE	ET ADDRESS						
11. I hereby o	pertify that the information supplied with the	s filing does not qualify for	the exe	mption stated in S	ection 119.	07(3)(i), Florida Statutes. I	further cert	ify that the in	nformation	1
indicated limited lia	on this report is true and accurate and the billity company or the receiver or trustee e	at my signature shall have the mpowered to execute this reference.	ne same eport as	e legal effect as if s required by Chap	made unde oter 608, Flo	er oatn; tnat i am a managi orida Statutes.	ng member	or manage	OUNE	
SIGNAT	TIPE. ASIMINATE	ur Lawqui	RE!	D	,	9-00-00	5614	40-005	0	
JANDIC	SIGNATURE AND TYPED OR PRINTE	D NAME OF SIGNING MANAGING N	EMBER C	OR MANAGER		Date		ytime Phone #	<del></del>	