

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90054 025 \*\*\*\*50.00

**DOCUMENT # L99000000161**

1. Entity Name

I.V. PLUS NURSING, L.C.



Principal Place of Business

2405 OKEECHOBEE ROAD  
 FORT PIERCE FL 34950

Mailing Address

2405 OKEECHOBEE ROAD  
 FORT PIERCE FL 34950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0905761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, KENNETH  
 2301 OKEECHOBEE ROAD  
 FORT PIERCE FL 34950

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 SIANO, DOMINIC  
 2301 OKEECHOBEE ROAD  
 FORT PIERCE FL 34950 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/02 561-460-0050  
 Date Daytime Phone #

CR2E083 (9/01)