

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002205

FILED
Feb 01, 2007
Secretary of State

Entity Name: NURSECORE MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

2201 BROOKHOLLOW PLAZA, #450
ARLINGTON, TX 76006

New Principal Place of Business:

Current Mailing Address:

PO BOX 201925
ARLINGTON, TX 76006

New Mailing Address:

FEI Number: 75-2649689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, LARRY M OWNER
THE VISTAS
4751 BONITA BAY BLVD #2201
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARR, LARRY M
Address: 2201 BROOKHOLLOW PLAZA, #450
City-St-Zip: ARLINGTON, TX 76006

Title: MGRM () Delete
Name: CARR, SHARON R
Address: 2201 BROOKHOLLOW PLAZA, #450
City-St-Zip: ARLINGTON, TX 76006

Title: MGRM () Delete
Name: SANDERS, CHRIS
Address: 2201 BROOKHOLLOW PLAZA #450
City-St-Zip: ARLINGTON, TX 76006

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTINA A SANDERS

PRES

02/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date