

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002205

**FILED**  
**Feb 03, 2010**  
**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 (X)**

**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:**

CARR, SHARON R OWNER  
THE VISTAS  
4751 BONITA BAY BLVD #2201  
BONITA SPRINGS, FL 34134 US

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: SHARON R CARR

02/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGRM  
Name: LOLLAR, DEBORAH  
Address: 2201 BROOKHOLLOW PLAZA, #450  
City-St-Zip: ARLINGTON, TX 76006

I hereby 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: SHARON R CARR

MGRM

02/03/2010

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