2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008
Secretary of State

DOCUMENT# M02000002607

Entity Name: FAMILY CARE NURSES REGISTRY, LLC

Current Principal Place of Business:

4047 OKEECHOBEE BLVD
SUITE 124
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

4047 OKEECHOBEE BLVD
SUITE 124
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 75-3067280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, CARMEN I
224 CYPRESS TRACE
ROYAL PALM BEACH, FL 33411 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:	MGR	( ) Delete
Name:	JOHNSON, CARMEN	
Address:	224 CYPRESS TRACE	
City-St-Zip:	ROYAL PALM BEACH, FL 33411 US	
Title:	MGR	( ) Delete
Name:	JOHNSON, RUPELL	
Address:	224 CYPRESS TRACE	
City-St-Zip:	ROYAL PALM BEACH, FL 33411 US	
Title:	MGRM	( ) Delete
Name:	GILYENE, MARCIA	
Address:	4863 CHATHA COURT	
City-St-Zip:	WEST PALM BEACH, FL 33415 US	

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 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: CARMEN JOHNSON MGR 02/18/2008

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