

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M02000002607

FILED
Oct 05, 2009
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: CARMEN JOHNSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, CARMEN
Address: 224 CYPRESS TRACE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGRM () Delete
Name: JOHNSON, RUPELL
Address: 224 CYPRESS TRACE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGR () Delete
Name: GILZENE, 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: MGRM (X) Change () Addition
Name: JOHNSON, RUPELL
Address: 224 CYPRESS TRACE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

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: MARCIA GILZENE

MGR

10/05/2009

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