

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002607

FILED
Mar 14, 2011
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 ()

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

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

Title: MGR
Name: GILZENE, MARCIA
Address: 4863 CHATHA COURT
City-St-Zip: WEST PALM BEACH, FL 33415 US

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: CARMEN JOHNSON

MGRM

03/14/2011

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