

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002607

FILED  
Jan 20, 2012  
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 (X)**

**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

MGR

01/20/2012

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