

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000004184

FILED
Jan 10, 2012
Secretary of State

Entity Name: PERIOPERATIVE NURSE RESIDENCY PROGRAM, LLC

Current Principal Place of Business:

12001 NW 5TH COURT
PLANTATION, FL 33325

New Principal Place of Business:

12001 NW 5TH COURT
PLANTATION, FL 33325 18

Current Mailing Address:

12001 NW 5TH COURT
PLANTATION, FL 33325

New Mailing Address:

FEI Number: 80-0745955 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KEYES, WANDA
12001 NW 5TH COURT
PLANTATION, FL 33325 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
Name: KEYES, WANDA
Address: 12001 NW 5TH COURT
City-St-Zip: PLANTATION, FL 33325

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: WANDA KEYES PRES 01/10/2012

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