


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90316 038 ***138.75

DOCUMENT # L02000034775							
1. Entity Name FI-BROWARD NURSING, LLC							
Principal Place of Business 401 EAST SAMPLE ROAD POMPANO BEACH, FL 33064 US			Mailing Address 401 EAST SAMPLE ROAD POMPANO BEACH, FL 33064 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>46 100 Second Ave. S.</i>					
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite #901 South</i>					
City & State		City & State <i>St. Petersburg, FL</i>		03212008 Chg-LLC CR2E083 (12/06)			
Zip	Country	Zip	Country	4. FEI Number 32-0051409 <input checked="" type="checkbox"/>			
<i>33701</i>	<i>US</i>	<i>33701</i>	<i>US</i>	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SPECTOR GADON & ROSEN, LLP 360 CENTRAL AVENUE, SUITE 1550 ST. PETERSBURG, FL 33701			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MADONNA, HARRY DILLON		NAME				
STREET ADDRESS	360 CENTRAL AVE STE 1550		STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG, FL 33701		CITY-ST-ZIP				
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ADMINISTRATOR		NAME				
STREET ADDRESS	401 EAST SAMPLE ROAD		STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP				
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DIRECTOR OF NURSING		NAME				
STREET ADDRESS	401 EAST SAMPLE RD		STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Harry Dillon Madonna</i> HARRY DILLON MADONNA 4/2/08							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							