

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034775

FILED
May 05, 2010
Secretary of State

Entity Name: FI-BROWARD NURSING, LLC

Current Principal Place of Business:

401 EAST SAMPLE ROAD
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

C/O 2ND AVE S STE 901 S
SAINT PETERSBURG, FL 33701 US

New Mailing Address:

C/O 1675 PALM BEACH LAKES BOULEVARD
SUITE 900
WEST PALM BEACH, FL 33401 US

FEI Number: 32-0051409 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:

SPECTOR GADON & ROSEN, LLP
360 CENTRAL AVENUE, SUITE 1550
ST. PETERSBURG, FL 33701 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: MADONNA, HARRY DILLON
Address: 401 EAST SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: MGR
Name: ADMINISTRATOR
Address: 401 EAST SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: MGR
Name: DIRECTOR OF NURSING
Address: 401 EAST SAMPLE RD
City-St-Zip: POMPANO BEACH, FL 33064 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: HARRY D. MADONNA

MGR

05/05/2010

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