

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034775

Entity Name: FI-BROWARD NURSING, LLC

FILED  
Apr 15, 2011  
Secretary of State

**Current Principal Place of Business:**

401 EAST SAMPLE ROAD  
POMPANO BEACH, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 32-0051409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: TWO BALA PLAZA, SUITE 300  
City-St-Zip: BALA CYNWYD, PA 19004 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 DILLON MADONNA

MGR

04/15/2011

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