

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

4/28

04-28-2003 91268 001 \*\*\*950.00

DOCUMENT # L02000034775

1. Entity Name

FI-BROWARD NURSING, LLC



**DO NOT WRITE IN THIS SPACE**

44003996



2. Principal Place of Business 100 2nd Ave. S. Suite, Apt. #, etc. 901 South City & State St. Petersburg, FL Zip 33701 Country USA		3. Mailing Address 100 2nd Ave. S. Suite, Apt. #, etc. 901 South City & State St. Petersburg, FL Zip 33701 Country USA	
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4. FEI Number 32-0051409	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name: Senior Health Management of Bart Wyatt  
Street Address (P.O. Box Number is Not Acceptable): 100 Second Avenue South  
SUITE 901 South  
St. Petersburg FL Zip Code 33701

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: Bart Wyatt President D. Wyatt Date: 4/14/03

FEES: \$50.00  
Make Check Payable to Florida Department of State  
DUE BY: MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Carol A. Tschop 785 5th Ave. Chambersburg, PA 17201
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 60B, Florida Statutes.

SIGNATURE: Carol A. Tschop Date: 4/14/03

CR2E083B (12/02)