

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000049598

**Entity Name:** SPECIALIZED NURSE CONSULTANTS, L.L.C.

**Current Principal Place of Business:**

10999 NW 13TH CT.  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

10999 NW 13TH CT.  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 45-5183868

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARTIN, VICTORIA R.N.  
10999 NW 13TH CT.  
CORAL SPRINGS, FL 33071 US

*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:** VICTORIA MARTIN

04/03/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MARTIN, VICTORIA R.N.  
Address 10999 NW 13TH CT.  
City-State-Zip: CORAL SPRINGS FL 33071

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VICTORIA MARTIN

MGRM

04/03/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date