

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000114324

**Entity Name:** COMPLETE HOME CARE NURSE REGISTRY,LLC

**Current Principal Place of Business:**

824 S. MILITARY TRAIL  
SUITE B  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

824 S. MILITARY TRAIL  
SUITE B  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 46-3404668

**Certificate of Status Desired:** No

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

DYNAN, JASON J  
824 S. MILITARY TRAIL  
SUITE B  
DEERFIELD BEACH, FL 33442 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name DYNAN, JASON J  
Address 824 S. MILITARY TRAIL  
SUITE B  
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGR  
Name RABY, JUSTIN  
Address 824 S. MILITARY TRAIL  
SUITE B  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** JASON DYNAN

**DIRECTOR**

**04/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date