

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002205

**Entity Name:** NURSECORE MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

2201 BROOKHOLLOW PLAZA, #450  
ARLINGTON, TX 76006

**Current Mailing Address:**

PO BOX 201925  
ARLINGTON, TX 76006

**FEI Number:** 75-2649689

**Certificate of Status Desired:** Yes

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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	MGRM	Title	MGRM
Name	CARR, SHARON R	Name	LOLLAR, DEBORAH
Address	2201 BROOKHOLLOW PLAZA, #450	Address	2201 BROOKHOLLOW PLAZA, #450
City-State-Zip:	ARLINGTON TX 76006	City-State-Zip:	ARLINGTON TX 76006

*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:** DEBORAH LOLLAR

**CEO/PRESIDENT**

**02/16/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date