

2016 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 LOLLARR

MGRM

03/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date