

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003303

Entity Name: AUREUS NURSING, LLC

Current Principal Place of Business:

13609 CALIFORNIA STREET
SUITE 500
OMAHA, NE 68154-5260

Current Mailing Address:

P.O. BOX 3037
OMAHA, NE 68103-0037

FEI Number: 45-0491767

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 TRUSLER, TIMOTHY F
Address 13609 CALIFORNIA STREET, SUITE
500
City-State-Zip: OMAHA NE 68154-5260

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: TIMOTHY F. TRUSLER

MANAGER

01/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date