

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42703

Entity Name: NURSE-ON-CALL OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

111 WESTWOOD PLACE
SUITE 400
BRENTWOOD, TN 37027

Current Mailing Address:

111 WESTWOOD PLACE
SUITE 400
BRENTWOOD, TN 37027 US

FEI Number: 65-0174227

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

Officer/Director Detail :

Title CEO, PRESIDENT, DIRECTOR
Name BAIER, LUCINDA M
Address 111 WESTWOOD PLACE
SUITE 400
City-State-Zip: BRENTWOOD TN 37027

Title EVP, SECRETARY, DIRECTOR
Name WHITE, CHAD C
Address 111 WESTWOOD PLACE
SUITE 400
City-State-Zip: BRENTWOOD TN 37027

Title EVP, DIRECTOR
Name O'NEAL, ANNA-GENE
Address 111 WESTWOOD PLACE
SUITE 400
City-State-Zip: BRENTWOOD TN 37027

Title SVP
Name LESKOWICZ, JOANNE
Address 6737 W. WASHINGTON ST.
SUITE 2300
City-State-Zip: MILWAUKEE WI 53214

Title CFO
Name SWAIN, STEVEN
Address 111 WESTWOOD PLACE
SUITE 400
City-State-Zip: BRENTWOOD TN 37027

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHAD C WHITE

SECRETARY

04/23/2021

Electronic Signature of Signing Officer/Director Detail

_____ Date