

**2019 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

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**7816254538CC**

**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 PATCHETT, MARY SUE  
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**

**04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date