Electronic Signature of Signing Officer/Director Detail

### 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017940

Entity Name: LINIL VISITING NURSES, INC.

#### **Current Principal Place of Business:**

2211 LEE ROAD 109 WINTER PARK, FL 32789

### **Current Mailing Address:**

2211 LEE ROAD 109 WINTER PARK, FL 32789

## FEI Number: 41-2027756

## Name and Address of Current Registered Agent:

INIGO-ARROJO, NILA 2211 LEE ROAD 109 WINTER PARK, FL 32789 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

| Officer/Director Detail : |                        |                 |                             |
|---------------------------|------------------------|-----------------|-----------------------------|
| Title                     | PTS                    | Title           | SECRETARY                   |
| Name                      | INIGO-ARROJO, NILA     | Name            | ARROJO, EDGAR MICHAEL I     |
| Address                   | 2211 LEE ROAD STE. 109 | Address         | 2211 LEE ROAD               |
| City-State-Zip:           | WINTER PARK FL 32789   | City-State-Zip: | 109<br>WINTER PARK FL 32789 |

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: NILA INIGO-ARROJO

PRESIDENT

01/17/2015

Date

FILED Jan 17, 2015 Secretary of State CC2687422120

Certificate of Status Desired: No

Date