

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000109205

**Entity Name:** FLORIDA NURSES HOME HEALTH AGENCY, INC.

**Current Principal Place of Business:**

3909 NE 163RD STREET, SUITE 218  
NORTH MIAMI, FL 33160

**Current Mailing Address:**

3909 NE 163RD STREET, SUITE 218  
NORTH MIAMI, FL 33160 US

**FEI Number:** 06-1825630

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAG ACCOUNTING SERVICES, INC.  
16850-12 COLLINS AVE, #550  
SUNNY ISLES BEACH, FL 33160 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            VPSD  
Name            KAZIEVA, RITA  
Address        3909 N.E. 163RD STREET, SUITE 218  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            PD  
Name            ALONSO, PEDRO  
Address        3909 N.E. 163RD STREET, SUITE 218  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            P  
Name            BEST HOME HEALTH HOLDING LLC  
Address        3909 NE 163RD STREET #218  
City-State-Zip: NORTH MIAMI BEACH FL 33160

*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:** PEDRO ALONSO

**PRESIDENT**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date