#### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: ALEJANDRO MORENO MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

**Current Principal Place of Business:** 

Entity Name: NIGHTINGALE NURSES, LLC

7800 CONGRESS AVENUE, SUITE 200 SUITE 200 BOCA RATON, FL 33487

## **Current Mailing Address:**

7800 CONGRESS AVENUE, SUITE 200 BOCA RATON, FL 33487 US

### FEI Number: 01-0765975

### Name and Address of Current Registered Agent:

PATE, KEVIN 7800 CONGRESS AVENUE SUITE 200 BOCA RATON, FL 33487 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	KEVIN PATE			01/10/2022
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER	Title	MANAGER	
Name	MORENO, ALEJANDRO	Name	MARELLO, ROBERT	
Address	7800 CONGRESS AVENUE SUITE 200	Address	7800 CONGRESS AVENUE SUITE 200	
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487	

Certificate of Status Desired: Yes

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

#### 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L0300003855

Date