

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019881

Entity Name: NURSING PLUS OF BROWARD, LLC

Current Principal Place of Business:

5890 S PINE ISLAND RD
SUITE 202
DAVIE, FL 33328

Current Mailing Address:

5890 S PINE ISLAND RD
SUITE 202
DAVIE, FL 33328 US

FEI Number: 20-8486448

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DUVALL, TERESA D
5890 S PINE ISLAND RD
SUITE 200
DAVIE, FL 33328 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

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	JEWISH FAMILY HOME CARE, INC.	Name	DUVALL, TERESA D
Address	5890 PINE ISLAND DRIVE SUITE 200	Address	5890 S PINE ISLAND RD SUITE 200
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	JACKMAN, STEPHEN	Name	TRAUB, LEONARD
Address	5890 S. PINE ISLAND ROAD SUITE 200	Address	5890 S PINE ISLAND RD SUITE 200
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328

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 that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TERESA DUVALL

PRESIDENT & CEO

01/04/2023

Electronic Signature of Signing Authorized Person(s) Detail Date