

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000019881

**FILED
Apr 07, 2020
Secretary of State
2084556105CC**

Entity Name: NURSING PLUS OF BROWARD, LLC

Current Principal Place of Business:

2429 HOLLYWOOD BOULEVARD,
SUITE 100
HOLLYWOOD, FL 33020

Current Mailing Address:

2429 HOLLYWOOD BOULEVARD,
SUITE 100
HOLLYWOOD, FL 33020 US

FEI Number: 20-8486448

Certificate of Status Desired: No

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
Name JEWISH FAMILY HOME CARE, INC.
Address 5890 PINE ISLAND DRIVE
SUITE 200
City-State-Zip: DAVIE FL 33328

Title AUTHORIZED REPRESENTATIVE
Name DUVALL, TERESA D
Address 5890 S PINE ISLAND RD
SUITE 200
City-State-Zip: DAVIE FL 33328

Title AUTHORIZED REPRESENTATIVE
Name JACKMAN, STEPHEN
Address 5890 S. PINE ISLAND ROAD
SUITE 200
City-State-Zip: DAVIE FL 33328

Title AUTHORIZED REPRESENTATIVE
Name TRAUB, LEONARD
Address 5890 S PINE ISLAND RD
SUITE 200
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: LEONARD TRAUB

**AUTHORIZED
REPRESENTATIVE**

04/07/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date