

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED
Jan 08, 2014
Secretary of State
CC3038195306**

Entity Name: NURSING PLUS OF BROWARD, LLC

Current Principal Place of Business:

3600 S. STATE ROAD 7
SUITE 36
MIRAMAR, FL 33023

Current Mailing Address:

3600 S. STATE ROAD 7
SUITE 36
MIRAMAR, FL 33023 US

FEI Number: 20-8486448

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUITERIO, SHERRIE
3600 S. STATE ROAD 7
SUITE 36
MIRAMAR, FL 33023 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 MGRM
Name QUITERIO, SHERRIE
Address 3600 S. STATE ROAD 7, SUITE 36
City-State-Zip: MIRAMAR FL 33023

Title MGRM
Name QUITERIO, WALTER
Address 3305 EAST ISLAND ROAD
City-State-Zip: COOPER CITY FL 33026

Title MGRM
Name SILVERS, KIMBERLY
Address 3108 NORTHEAST 210 TERRACE
City-State-Zip: AVENTURA FL 33180

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: SHERRIE QUITERIO

MGR

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date