

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019881

FILED
Apr 04, 2018
Secretary of State
CC5103249209

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

Title AMBR
Name SILVERS, KIMBERLY
Address 3600 S. STATE ROAD 7
 SUITE 36
City-State-Zip: MIRAMAR FL 33023

Title AMBR
Name RITTENBERG, JAYSON
Address 3600 S. STATE ROAD 7
 SUITE 36
City-State-Zip: MIRAMAR FL 33023

Title AMBR
Name RITTENBERG, JEFFREY
Address 3600 S. STATE ROAD 7
 SUITE 36
City-State-Zip: MIRAMAR FL 33023

Title AMBR
Name HAGUE, MARY JANE
Address 3600 S. STATE ROAD 7
 SUITE 36
City-State-Zip: MIRAMAR FL 33023

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: JAYSON RITTENBERG

AMBR

04/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date