

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019881

FILED
Mar 13, 2019
Secretary of State
8310549805CC

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: Yes

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

AMBER

03/13/2019

Electronic Signature of Signing Authorized Person(s) Detail Date