

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000009598

**Entity Name:** ADVANCE NURSING PRACTICE SOLLUTIONS, PLLC

**Current Principal Place of Business:**

2758 FAWN RIDGE COURT  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

2758 FAWN RIDGE COURT  
TALLAHASSEE, FL 32309 US

**FEI Number:** 27-4706281

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NICHOLS, SANDRA W PHD  
2758 FAWN RIDGE COURT  
TALLAHASSEE, FL 32309 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:** SANDRA W NICHOLS, PHD, ARNP

03/19/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGMR  
Name NICHOLS, SANDRA W PHD  
Address 2758 FAWN RIDGE COURT  
City-State-Zip: TALLAHASSEE FL 32309

Title VP  
Name NICHOLS, CHRISTOPHER T  
Address 2758 FAWN RIDGE CT  
City-State-Zip: TALLAHASSEE FL 32309

*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:** SANDRA W NICHOLS, PHD, ARNP

PRINCIPAL

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date