

2018 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:

8488 WOLF VALLEY LANE
BARTLETT, TN 38133 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

01/20/2018

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, NP

PRESIDENT

01/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date