

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000069939

**Entity Name:** NOBLE HEALTHCARE SOLUTIONS, LLC

**Current Principal Place of Business:**

2860 NW 9TH STREET  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

2860 NW 9TH STREET  
POMPANO BEACH, FL 33069 US

**FEI Number:** 45-5349164

**Certificate of Status Desired:** No

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

WILSON, ANGELA  
2860 NW 9TH STREET  
POMPANO BEACH, FL 33069 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            CEO  
Name            WILSON, ANGELA F  
Address        2860 NW 9TH STREET  
City-State-Zip: POMPANO BEACH FL 33069

*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:** ANGELA F. WILSON

CEO

03/27/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date