

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000145951

Entity Name: NURSE ONE HOME HEALTH, LLC

Current Principal Place of Business:

219 SE 23RD AVE
BOYNTON BEACH, FL 33435

Current Mailing Address:

219 SE 23RD AVE
BOYNTON BEACH, FL 33435 US

FEI Number: 46-1436556

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CATANZARO, BRUCE
219 SE 23RD AVE
BOYNTON BEACH, FL 33435 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 MGRM
Name CATANZARO, PATRICIA L
Address 219 SE 23RD AVE.
City-State-Zip: BOYNTON BEACH FL 33435

Title MGR
Name CATANZARO, BRUCE
Address 219 SE 23RD AVE
City-State-Zip: BOYNTON BEACH FL 33435

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: BRUCE CATANZARO

MGR

03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date