

**2018 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

01/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date