

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000093106

**Entity Name:** ONE NURSING CARE, LLC

**Current Principal Place of Business:**

3351 EXECUTIVE WAY  
MIRAMAR, FL 33025

**Current Mailing Address:**

3351 EXECUTIVE WAY  
MIRAMAR, FL 33025 US

**FEI Number:** 46-3116955

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           ONE HOMECARE SOLUTIONS LLC  
Address        3351 EXECUTIVE WAY  
City-State-Zip: MIRAMAR FL 33025

Title           CFO  
Name           COCHRAN, RYAN J  
Address        3351 EXECUTIVE WAY  
City-State-Zip: MIRAMAR FL 33025

*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:** RYAN J COCHRAN

CFO

03/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date