

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000097817

**Entity Name:** CORE NURSING INSTITUTE, LLC

**Current Principal Place of Business:**

14576 KEY LIME BLVD.  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

14576 KEY LIME BLVD.  
LOXAHATCHEE, FL 33470

**FEI Number:** 37-1760616

**Certificate of Status Desired:** No

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

ADFULENTIA REALTY MANAGEMENT, LLC  
14576 KEY LIME BLVD.  
LOXAHATCHEE, FL 33470 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 MGR  
Name ADFLUENTIA REALTY MANAGEMENT  
LLC  
Address 14576 KEY LIME BLVD.  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** LEMEL DORVILUS

**MANAGER**

**04/06/2017**

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

\_\_\_\_\_  
Date