

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000097817

**Entity Name:** CORE NURSING INSTITUTE, LLC**Current Principal Place of Business:**3900 WOODLAKE BLVD  
STE 301E  
GREENACRES, FL 33463**Current Mailing Address:**14576 KEYLIME BLVD  
LOXAHATCHEE, FL 33470 US**FEI Number:** 37-1760616**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DORUILUS, LEMEL  
14576 KEYLIME 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	RENELLE DORVILUS
Address	14576 KEY LIME BLVD.
City-State-Zip:	LOXAHATCHEE FL 33470

Title	MANAGER
Name	DORVILUS, LEMEL
Address	14576 KEY LIME BLVD
City-State-Zip:	LOXAHATCHEE FL 33470

Title	MGR
Name	DORUILUS, RENELLE
Address	14576 KEYLIME BLVD
City-State-Zip:	LOXAHATCHEE FL 33470

Title	MGR
Name	DORUILUS, LEMEL
Address	14576 KEYLIME 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****MRG****04/30/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date