

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000193824

**Entity Name:** NURSE CORE, LLC

**Current Principal Place of Business:**

1800 NW 24 AVE  
403  
MIAMI , FL 33125

**Current Mailing Address:**

1800 NW 24 AVE  
APT 403  
MIAMI, FL 33125 US

**FEI Number:** 81-4209692

**Certificate of Status Desired:** No

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

SALVADOR BOUCOURT, SANDRA  
1800 NW 24 AVE  
APT 403  
MIAMI, FL 33125 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 AMBR  
Name SALVADOR BOUCOURT, SANDRA  
Address 1800 NW 24 AVE  
APT 403  
City-State-Zip: MIAMI FL 33125

*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:** SANDRA SALVADOR BOUCOURT

AMBR

03/22/2018

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

\_\_\_\_\_  
Date