

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000263175

Entity Name: MY GENTLE NURSE PRACTITIONER SERVICES, LLC

Current Principal Place of Business:

4721 WATCH HILL COURT
ORLANDO, FL 32808

Current Mailing Address:

PO BOX 681282
ORLANDO, FL 32868 US

FEI Number: 82-4058127

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEWART, INGRID
4721 WATCH HILL COURT
ORLANDO, FL 32808 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 STEWART, INGRID
Address 4721 WATCH HILL COURT
City-State-Zip: ORLANDO FL 32808

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: INGRID STEWART

REGISTERED AGENT

04/26/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date